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Value orientation in relation to emphasis in the process of diagnosing the family in state of crisis

Bradford Lynn Everson
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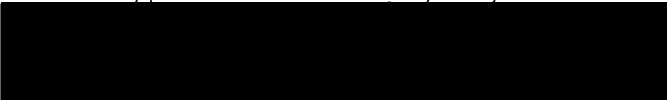
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AN ABSTRACT OF THE THESIS OF Bradford Lynn Everson for the
Master of Social Work presented April 15, 1969.

Title: Value Orientation in Relation to Emphasis in the Process of
Diagnosing the Family in State of Crisis.

APPROVED BY MEMBERS OF THE THESIS COMMITTEE:


Frank F. Miles, Chairman


Arthur Emlen


Chadwick Karr

The purpose of this project was to explore for the possible existence of value orientations as factors operative in the social work judgment process. The study first tested for differences in value orientation between social workers. The extent to which these value orientations dominate the pre-disposing attitudes of the social worker was to be determined for the case of diagnosis of families in crisis.

Utilized as a test for value orientation were five constructs developed by Charles Morris. These constructs as characterized by

their titles were: A. Social Restraint and Self-Control; B. Enjoyment in Action; C. Withdrawal and Self-Sufficiency; D. Receptivity and Sympathetic Concern; E. Self-Indulgence (or Sensuous Enjoyment). The study was designed to scale the ratings in responses from a sample of social workers. Its purpose was to obtain information showing relative preference for each of the five value orientations so that a relationship could be tested for with a similar scaling of the importance each respondent attached to diagnostic criteria of family crisis.

The items used to test for preferred diagnostic criteria were evolved by adapting a problem area list developed by Brim, Fairchild and Borgatta. The original items were modified and appropriately revised by testing them with a special group of respondents whose evaluation of the original list was the basis for developing the final list of items.

A questionnaire consisting of three parts was sent to 300 social workers selected randomly from the Directory of members of the National Association of Social Workers. One hundred fifty-eight usable responses were received. Personal information such as age, sex, marital status, religion, place of employment and work background was obtained along with ratings and rankings of the aforementioned value orientations and diagnostic criteria items.

A listing of the ranking of value orientation in its relationship

with the employment setting of the social worker showed some differences between sub-groups of the sample. Administrators and Community Organizers tended to emphasize Construct A: Social Restraint and Self-Control, while social workers seeing individuals and families as part of their work tended to emphasize Construct C: Withdrawal and Self-Sufficiency. Variations along lines of age, sex, marital status and religion also were identified but in more complex combinations.

Scores were developed for the ratings of value orientation items and diagnostic criteria items. These were on a seven point scale. A factor analysis of the resultant matrix of correlations between these thirty-one items produced nine dimensions. An orthogonal rotation was used in the factor analysis. The nine factor dimensions are characterized by their titles as follows: (1) External as Opposed to Internal Influences on Family Functioning; (2) Communication between Members in the Family; (3) Focus on Overt Descriptive Characteristics; (4) Focus on Family Unity and Loyalty; (5) Focus on Self-awareness and Introspection; (6) Focus on Group Activity; (7) Focus upon Static as Opposed to Dynamic Attributes; (8) Focus upon Responsiveness to Environment; (9) Focus on Current Circumstances of the Crisis Situation.

The value orientation items were represented particularly in Factor (5) with a focus on self-awareness and introspection. Factor

(8) was a low preference dimension and emphasized the value orientation favoring receptivity and sympathetic concern. Practitioners of social work with families tended to prefer items favoring the individual above the social order. They tended to prefer value orientations that emphasized self-awareness and permitted gratification.

The study disclosed four value dominated factors in diagnosis: (1), (5), (7), and (8) as listed above. Factors (2), (3), and (9) were found to be "value free" factors in diagnosis. Factors (4) and (6) seemed to be value tinged in that only a mild loading on a single philosophy construct emerged in the factor analysis on both of these factors.

VALUE ORIENTATION IN RELATION TO EMPHASIS IN THE
PROCESS OF DIAGNOSING THE FAMILY
IN STATE OF CRISIS

by

BRADFORD LYNN EVERSON

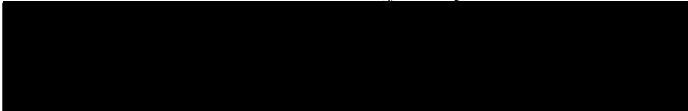
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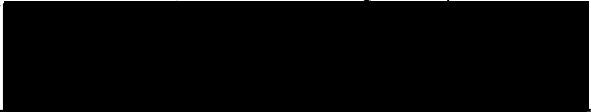
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Portland State University
1969

TO THE OFFICE OF GRADUATE STUDIES:

The members of the Committee approve the thesis of
Bradford Lynn Everson presented April 15, 1969.

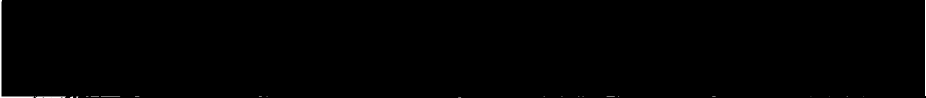

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April 20, 1969

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INTRODUCTION

Social work is a practice organized into relationships that are guided by personal factors. It is a fundamentally human activity definable as a constellation of subjective elements. Among these are elements related to the personal philosophy or value orientation of the individual social worker. The exploratory research undertaken in the present study probes for the emergence of some dimensions of value that might influence social worker judgments in perceptions of clients. The research effort will seek evidence of the presence of value congeries among the myriad of variables potentially in the functional make-up of the social workers.

The relationship of value orientations to overt preferential behavior will be measured in this study. The centermost problem in measuring such phenomena is the elusive nature and essentially nebulous quality of the concept of value itself. One can manage assessment by the assumption that values apparently are related to behaviors when a preference for a value or set of values is identified along with certain behaviors. The structure of a causal relationship between value predisposition and discrete acts could not be encompassed within this study. Cross-validation of the value dimensions

used in this research also must be left for additional research. It will suffice to obtain internal consistency of constructs utilized in the questionnaire--their more universal application will not be within the purview of this study project. One must be mindful of these limitations when reading this report.

In collecting the materials of this project together for exposition, the initial concern was with defining the abstract concepts involved. The sequence of this thesis begins with a definitive discussion of value orientation as a consideration in social work diagnosis. It moves systematically on to a description of the procedure and findings of this study. The concluding portions of the report list the findings and the implications one might infer from them.

Chapter I points out how values can be conceived as an element in the life space of the social worker when he is involved in making a diagnosis. The participation of the social worker as an action component of the process is implicit. In Chapter II, a conception of the diagnostic situation involving family crisis is set forth as a model for study of a prototype social work activity. Once the theoretical basis has been stated, it becomes possible to outline the procedure employed in seeking to reveal something of the role of value orientation in determining probable emphasis at time of judgment.

In Chapter III are outlined the methods used in research. A justification for using a questionnaire form of inquiry and for

subjecting the data to factor analytic interpretation is set forth. The technique of employing written constructs as testing devices is presented in detail. The use of attitudinal measures does serve as an exploratory mechanism, but it has vulnerabilities which mean that other research endeavors would be necessary to clarify the results of this study. This project has served to establish hypotheses for more circumscribed research.

The final two chapters describe the findings and conclusions as developed out of the data provided by responses to written questionnaires. The data are set forth in two ways: first, a statistical description of the sample is assembled to show the character of the respondents and their value predisposition in connection with their personal characteristics; second, factor analytic procedures are employed to obtain the emergence of a small number of dimensions from among the judgment correlations. The implicit hypothesis is that these dimensions should emerge along lines directly related to or substantially affected by value orientations, but the research design was formed to allow the possibility that other influences could prevail in producing the arrangement of factors.

CHAPTER I

THE VALENCE ASPECT OF VALUE ORIENTATION IN SOCIAL WORK DIAGNOSTIC JUDGMENTS

I. A DEFINITIVE INTRODUCTION TO THE CONCEPT OF VALUE

This research rests upon the proposition that the social worker embraces certain assumptions as to "what ought to be" in connection with the real life situations he encounters in his work. Origins of such predisposing attitudes might be traced to many causal factors. This study identifies differences in value orientation among social workers for the purpose of relating these contrasting preferences to behaviors in a specific social work judgment situation.

Terminology becomes an initial consideration in a study of this kind. Value is the central term and concepts of it are to be described in the next succeeding paragraphs. This first section also sets forth definitions of related terms such as: postulate (p. 7), value system (p. 8), value orientation (p. 8), philosophical construct (p. 10), philosophy of life (p. 12), valence (p. 12), attitude (p. 12), and opinion (p. 12). Later sections of Chapter I further develop conceptualization of the abstractions which are constructed and measured in this research.

The measurement of value is recognized in science as a

challenge to experimental procedure. As Thurstone (1959) has noted:

Human values are essentially subjective. They can certainly be adequately represented by physical objects. Their intensities or magnitudes cannot be represented by physical measurement. At the very start we are faced with the problem of establishing a subjective metric (p. 182).

In the beginning it is necessary to establish some clarity in the use of terms by which the subjective concepts are to be represented. The metric would be a quantification related to these terms along preferential lines as ordered by the respondents in the study.

A definition of the term value must take into account meanings at different levels in the use of the term. The variant connotations that value has come to represent must be considered before the researcher can extrapolate to a refined and specifiable definition for this study.

The definitions of value tend to merge with one another at certain points and in various dimensions. This aspect is a philosophical issue which goes beyond the bounds of this study. The collecting of relevant characteristics germane to values as manifest by many variant conceptions was undertaken by Spaulding (1963). He identified the following understandings with notions of value:

(1) Measure of satisfaction; (2) Concepts and groupings of modes of behavior; (3) Human capacities; (4) Demands and desires; (5) A basis for choice; (6) "Being" as it appears in man's self-realization; and (7) Man's essential being (p. 169).

These definitions suggest interrelationships among various aspects of value and there is overlapping between the usage of the term value at various levels along the hierarchy of semantic organization in this sphere.

A dictionary definition of value: n. follows:

1. the worth or excellence, or the degree of worth, ascribed to an object or activity or a class thereof. Though ascribed to the object and reacted to as if external or objective, value is a function of the valuing transaction, not of the object. A valence is a specific embodiment of a value in a particular concrete situation. 2. an abstract concept, often merely implicit, that defines for an individual or for a social unit what ends or means to an end are desirable. These abstract concepts of worth are usually not the result of the individual's own valuing; they are social products that have been imposed on him and only internalized--i. e., accepted and used as his own criteria of worth. 3. a goal object. Instead of saying that a goal has a value, in this usage a goal is a value. 4. (math.) the magnitude of something, or the number that represents that magnitude; any of the numbers representing the different magnitudes of a variable. E. g., the several scores in shooting at a target may be treated as the values obtained by the individual on a variable of accuracy in shooting. Value, measure, score, or magnitude may often be used interchangeably for a number (or other symbol of quantity) though they refer to slightly different functions of the number. . . . 7. (econ.) a judgment of what an object will bring in exchange; the basis of price; exchange value (English and English, 1958, p. 576).

The above variations of meaning attributed to the term value are not necessarily independent from one another.

Morris (1956) has classified the ways the term value tends to be used and a mutually exclusive categorical format emerges.

Operative values are a reference to value as a way of referring to

the actual direction of preferential behavior toward one kind of object rather than another. The focus seems in this meaning to be upon the interplay between the person and the object in relation to a wider environment. Object values are those where the stress is upon the properties of the object. This is concerned with what is preferable (or desirable) regardless of whether it is in fact preferred or conceived as preferable. Focus is upon the object and its context with less emphasis on the relationship of the person.

Value is used in the present study in a way consistent with Morris' definition of conceived values, which he defines as follows: "Reference to value in cases of preferential behavior directed by an anticipation or foresight of the outcome of such behavior" (p. 14). Adler (1956) has also articulated this category of meaning. Values by Adler are seen as originating in man's biological needs or in his mind. Of such conceptions of value, he says:

Viewed as located or at least originated within man, individually or collectively, values become psychological phenomena, internal states or internal behavior, not directly accessible to observation other than introspection. As such, they are said to precede action and to guide it; they may be wholly or partially the cause of action. (p. 275).

The sense of the term value to be measured in this study derives from an even more fundamental notion. Where postulate is taken to mean "a proposition which is taken for granted or put forth as axiomatic". (Webster, 1960, p. 660), the term value is taken in

this study to mean the accommodation of a person's set of postulates to social circumstances. It is an abstract concept defining for an individual those ends or means to an end that are desirable.

A person tends to collect together a congery of values as an ethical basis for all action. It is the substance of the collective ideology necessary to give man a sense of what is right and wrong in life. In the sense that the collection of values forms a structure, it can be seen as a value system. There is no assurance that the chosen values of a person are consistent enough in format to constitute a homogeneous system. A generalized representation of a person's value congery would be approximated as its general direction could be identified. This crude measure of direction has been called value orientation.

Parsons and Shils (1954) have developed a conceptualization for value orientation that sets out the meaning adopted for this research. They analytically divided the orientation of an actor with respect to any situation. Classification into two categories were sufficient to represent different aspects or ingredients. They termed their first as a category of "elements of motivational orientation" which would roughly correspond to the categories of value incorporated under the aforementioned by Morris, "operative values" and "object values." These are appearances, wants or plans. Suggested by this conceptualization is an immediate precursor to specific action. The second

category of the Parsons and Shils analysis is what they call "value orientations"--which suggests more generalized norms--the organized set of rules and standards. They have conceived of this construct as being subdivided into what seem to be modes representing dimensions of organized sensitivity to subjective phenomena. The modes are:

Cognitive mode which involves the various commitments to standards by which the validity of cognitive judgments is established. . . . The appreciative mode of value-orientation which involves the various commitments to standards by which the appropriateness or consistency of the cathexis of an object or class of objects is assessed. . . . The moral code of value-orientation involves the various commitments to standards by which certain consequences of particular actions and types of action may be assessed with respect to their effects upon systems of action. (p. 169).

At the level of abstraction where the individual human being is able to integrate preferences into a generalized direction that becomes a value orientation, a rational synthesization may develop which can be applied in either of the other modes through subjective attachments. Hartman (1959) has suggested that the dimensions of value standards are to be conceived as analytic, synthetic, and singular concepts:

The first being abstractions from empirical reality, the second mental constructs, and the third proper names. The fulfillment of the synthetic concept gives systemic or mental value, the fulfillment of the analytic concept gives extrinsic or classificatory value, and the fulfillment of the singular concept gives intrinsic or singular value.

He points out, "These value dimensions interplay all the time in

our valuation!" (p. 24).

A deductive approach to the ascertaining of value orientation would be to identify all discrete modes, and then to classify them along lines of their character. A quantitative method could subsequently be employed to determine orientation. The chief drawback to this approach would be the immense job of gathering and sorting the data. The researcher in the present study has chosen instead to introduce a series of philosophical constructs which would be considered extreme polarizations if represented as value orientations in themselves. Each of these is to be considered a systematic representation of a singular orientation that could be ascribed to a collection of conceived values guiding behavior in a particular direction. The philosophical constructs are assumed to represent internally consistent constellations of values and, in theory, one should be able to utilize inductive methods to determine the direction of a particular conceived or operational value by reference to the orientation of the construct.

The philosophical constructs to be utilized in this study are pure types of written descriptions of "Ways to Live" as developed in the research of Charles Morris, a recognized professional philosopher. Beginning with the proposition that basic personality orientations could represent various conceptions of the "good life," Morris distinguished these on the assumption that the differences expressed

themselves by central components. Cultural and religious conceptions were substantially his starting points. The following three were his initial categories:

The dionysian component is made up of the tendencies to release and indulge existing desires. . . . The promethean component of personality is the sum of . . . active tendencies to manipulate and remake the world. . . . The buddhistic component of personality comprises those tendencies in the self to regulate itself by holding in check its desires. (Morris, 1956, p. 2).

In his research, Morris began with the three divergent constructs as orientations. Respondents in his studies were asked to add their own descriptions of alternative "Ways to Live" not included among those already devised. By the time Morris had administered his questionnaires to thousands of subjects in various cultures, thirteen independent and unique "Ways to Live" had been composed. His studies were repeated often enough that no additional constructs appeared.

The "Ways to Live" were descriptions of a system of value choices. Morris felt that these could be reduced to a fewer number of independent dimensions through factor analysis. In cooperation with Lyle V. Jones, he carried through a factor analysis that succeeded in producing five discrete factors which are the base philosophical constructs used in this study. This term distinguishes items of Part II in the questionnaire as being representative of "conceived values" as opposed to items developed in Part III which

are preferential behavior or operational valuation. The philosophical construct represents orientations of value congeries that go into the making up of a philosophy of life. The philosophy of life would be the sum total of the entire complex of values held by any person. The philosophy of life would be an additive assemblage of the philosophical constructs put together in various proportions for different people.

The link between value and behavior is the object of search in this study. Valence is the term that properly characterizes this relationship. A valence is the specific force of a value in a particular concrete situation. Further elaboration as to the precise meaning of this term will follow later in this chapter.

The presence of value orientation has been made manifest in this research by a measure of attitude. This latter term, to borrow from Thurstone (1959), will be taken to mean:

The concept "attitude" will be used here to denote the sum total of a man's inclinations and feelings, prejudice or bias, pre-conceived notions, ideas, fears, threats, and convictions about any specified topic. Thus a man's attitude about pacifism means here all that he feels and thinks about peace and war. It is admittedly a subjective and personal affair.

A measure of attitude has been accomplished by eliciting an opinion from the respondents in the study. The opinion symbolizes attitude. The representation of that opinion in this study will be a rating and ranking of items.

II. THE SUBJECTIVE DIMENSION IN SOCIAL WORK DECISION-MAKING

The present research plan has developed a framework for analysis by conceptualizing social work in terms of its decision-making processes. The vast numbers of unique activities undertaken every day by social workers have in common the fact that each act requires one or more judgments. Even very simple behavior requires a conscious or unconscious judgment. The anatomy of the judgment process for the professional social worker is to be outlined in this section by reference to definitive formulations taken from pertinent literature.

The practice of social work can be described most generally as an encounter of one human being with another person or group. It can be viewed as an interaction between people where there is a relationship in which both social worker and client have responsibilities. There are thus contingent decisions to be made throughout the time span of this social exchange by all of the individuals involved.

While the judgments made by social workers and by those with whom they engage in relationships are unique as to each discrete act, there can be ways of categorizing common components in these decision-making processes. In the context of such interaction, decisions would be based upon intake of information, and, in preparation for the judgment, some means of processing or synthesizing the

input data would be necessary. For the social worker, it may be argued that guidelines for the discrimination of input information come from the principles of the profession in which he has membership. However, it can also be contended that translation of such fundamental postulates into practice is subject to the peculiarities of the problem situation encountered and to the individual differences among the social workers.

Each individual situation requiring social work decisions can be considered to be made up of circumstantial dimensions. A crisis for a family in which there is loss of a child obviously differs from that in which there is loss of a parent. The judgment process of the social worker is affected by the different arrangements of these situations. Differences among the personalities involved in the client situation would likewise significantly affect the judgment process of the social worker.

A psychological predisposition could be assumed by the social worker preparatory to intervention in the troubled client situation. Thus, the worker may not be independent of the situation itself even at the point when his senses had not yet encountered stimuli. He could conceivably be influenced by past experiences in prior situations. Relevant assumptions might develop that could be a function of the time and place of the projected encounter.

The individual conceptions of the social worker about his task

in the encounter are probably the most critical elements of the judgment process. The social worker is unlike the Labyrinth machine in that judgments flow from a process that is subjective in nature. The work is a professional endeavor calling upon the practitioner to be prepared in knowledge and emotional tone for the activities involved. For purposes of this study, the social worker shall be regarded in his role as a person engaging in clinical practice. This is a classic way of distinguishing the social work judgment from simpler forms of discrimination of stimuli. An elaboration on the character of judgment in clinical work follows below.

English and English (1958, p. 90) define "clinical" as "characterizing the method of studying the unique whole." They also say that it suggests a reliance upon the intuitive judgment of the clinician rather than upon measurement (p. 90). The judgment process in clinical work must emphasize the essential unity of the psychological processes involved. (Bieri, et al., 1966, p. 4). In its simplest form a clinical judgment may involve a decision as to the presence or absence of schizophrenia. Or, in the more complex set of circumstances, it may be a complete study of the client in a biopsychosocial context involving the process of synthesizing, interrelating, and then formulating a professional judgment. (Turner, 1968, p. xiii). Clinical practice covers a span of time and it develops a history of interaction between the people so involved. It is distinguished in

some sense by its methodology.

Some attempt at incorporating scientific technique into clinical practice has been a trend. While not of the procedural rigor characteristic of experimental research, the methods in clinical practice and social work have gained a style having systematic attributes. There is an emphasis on maintaining flexibility even while seeking more precise understanding of clients.

Clinical practice might best be characterized by what Erikson (1954) calls a "disciplined subjectivity." In clinical decision making, this means "evaluating the evidence and arriving at diagnostic and prognostic inferences" (1959, p. 77). Any given situation is to be evaluated in terms of a theoretical model (for Erikson it is the Freudian psychoanalytic model). He says of his understanding of the patient, ". . . there is a systematic relationship between clinical observation on the one hand and, on the other, such conceptual points of view as Freud has introduced into psychiatry" (p. 78). He (Erikson) analytically combines dynamic configurations into his - torical perspective by classifying his analysis using the following referents:

a structural point of view denoting a kind of anatomy of the mind, a dynamic point of view denoting a kind of physiology of mental forces and of their transformations and, finally, a genetic point of view reconstructing the differentiation during distinct childhood stages of an inner organization and of certain energy transformations" (1959, p. 91).

It is useful to conceive of social work's clinical practice as a series of judgments constituting a purposive interaction process. From the time of the first meeting with the client to the point when the last significant intervention or interaction takes place, the social worker has a sequence of intricate and contingent decisions to make. The range of judgments involved for the caseworker span through many time phases and spatial dimensions. To start with there is a determination of the character to be assumed by the social worker-client relationship. In the later course of the process, the worker must repeatedly determine the character and direction of his work with the client. Ultimately there must be a determination as to the value of the process itself and when it will be best that it be brought to an end.

Many models for conceptualization could be consistent with the theories of practice utilized in social work. Each individual situation would seem to call for special applications of whatever principles guide the worker. Thorne points out,

Behavior is so complexly determined, both in terms of the development of individual personality and in terms of the infinite variety of environmental situations that each specific person-meeting-his-environment-at-any-time-and-place represents an unique etiologic equation which can be studied and manipulated only in terms of its own individual characteristics (1961, p. 18).

There is a limit to consistency in any discipline where its arena of concern is so vast. Objective measures of and reliable

standards for clearly observable behavior are at a minimum. Judgments based on subjective feelings or "intuitive knowing" have come to be an accepted part of social work practice. There is a tendency sometimes to confound means with ends as workers try to delineate and define the techniques used in understanding and helping clients (Wakeman, 1965). The social worker trains to recognize how his inner feeling could affect his perception of case situations. Subjective decisions are thus to be understood for what they are: they are a judgment blending value considerations with observed phenomena.

When Hamilton (1954) has suggested that self-awareness is necessary to the evaluation of client problems and sees the "building-in" of self-awareness as a function of professional training, (p. 372) she is identifying the clinician's responsibility for understanding the impact of subjective and value-laden factors in clinical judgments. Optimality of a clinical judgment would be the evaluation and decision most beneficial to the client in terms of the intervention necessary to the amelioration of the distressing situation. Optimality here equates to effectiveness. The relativity of these situations to the social worker's value system makes evaluation of the clinical process most difficult. Evaluation has usually relied upon introspection by the clinicians themselves and ambiguous measures of results make true optimality hard to determine.

In writing about decision theory, Roger Shepard (1964)

recognizes that subjectively disparate attributes are inevitably found in any human judgment situation. He believes that choice between attributes is a function of relative valuation. Shelly (1964) elaborates specifically in regard to psychotherapeutic situations saying, "The therapist's decisions are made on the basis of the way things are perceived in his own private world, or, on the basis of his own personal structure" (p. 318). The clinician's objectives as a helping agent are to attempt a merging of his relative valuation with that which approaches a true optimization of decisions in practice. Treatment goals are established in light of relative valuation which is itself dependent upon the make-up of the social worker himself.

Fishburn (1964) has emphasized the importance of both operational values and conceived values in decision-making activity. He has seen their importance in determining the appropriateness of a consequence through subjectives modes:

In considering the relative value of a consequence to the decision maker, "relative" is used in several different senses. First, it means that the value of a particular consequence is relative to the set of consequences. Second, it means that the value or worth of a consequence is relative to the decision maker in his environment. Third, the value of a consequence is relative to the set of objectives held by the decision maker. Finally, in its more common usage, "relative" is used as opposed to "absolute", in the sense that absolute value is taken to mean intrinsic worth or that there is some natural definition of zero value. No object, concept, or consequence has value of and by itself, but takes on (relative) value only through a human agent with a purpose. The aspects of "relative" considered above are not, of course, independent of one another but are invariably

intertwined. The important point to stress is that relative value refers to the importance that the decision maker, motivated by a set of objects, attaches to members of a set of consequences considered by him in a specific decision situation (p. 39).

The evaluation of potential outcome in clinical practice is the assessing of relative value of a consequence. Clinical practice includes judgments made on the basis of objectives established by the clinician. The extent to which clinical objectives relate to value orientation will be examined in this research. It would seem from the foregoing that a significant role could or should be played in judgment by value orientation.

III. DIAGNOSIS AS COGNITION

It will be the judgment situation in diagnosis that this study will consider as a model of decision process in social work. This section sets out a description of social work diagnosis as an activity involving more than mere discrimination of stimuli by the senses or the cataloguing of the data. The word cognition shall be used to characterize this conception of diagnosis as it is seen to include a complex of functions.

The concept of diagnosis is an abstraction that is strangely elusive of delineation. It is often thought of as a slippery conception doomed to a state of being tentative. Nevertheless, it is a judgment that is considered indispensable to the entire helping process.

Perlman (1957) recognized the difficulties facing the diagnostician when she wrote:

Probably no process in case work has been as troubling to caseworkers as this one of diagnosis. The symptoms of its problematic character express the range of the caseworker's defensive-adaptive responses from a relentless pursuit of "complete" diagnostic understanding as though it would magically yield a cure to a reluctance to come to any conclusion beyond an "impression"; from blocking at case recording to grasping at ready made labels, from viewing the concept of diagnosis as a credo to holding it to be anathema" (p. 165).

Because diagnosis is the aspect of casework that determines the direction of treatment, implicit of the whole notion is the fact that it is a judgment-making function. As Hollis has characterized it, diagnosis is an action concept undertaken to answer the question, "How can this person be helped?" (1964, p. 178).

Research concerned with the decision-making in social work can best start with the model employed in initial diagnosis for the decision process used throughout the therapeutic encounter is a close approximate. A pragmatic style characterizes the conception of Hollis who has written of "the diagnostic process itself as consisting of three major steps: assessment, the establishment of dynamic and etiological interrelationships, and categorization" (p. 178). Turner (1968) points out that, "Because there is not a single theory of psychosocial behavior which can serve as a unifying principle of practice, it is clear that the process of diagnosis must of necessity be a multifaceted one" (p. xiii).

A model concept of human behavior applicable at one time could be entirely inappropriate at another. The diagnostician must have the capacity to feel his way along in seeking to arrive at a proper judgment. Advanced clinical skill could be measured by the breadth of the clinician's available "repertoire" of conceptual models and by the flexibility with which he is able to bring them into play. The capacity to form impressions related to the clinician's sensitivity to the stimuli. A reference to terminology used to describe this activity may further clarify this conception.

In forming impressions of people, say Wertheimer, "It is not perceptions which are measured, but rather conceptions, or apperceptions" (1960, p. 137). He sees perception is dealing quite precisely with variables along clearly specifiable response and stimulus dimensions. But, his nomenclature would call for a labeling of person perception (such as in diagnosis) to be more inclusive. He concurs with Asch (1946) who suggests characterizing it as "forming impressions of personality" (p. 258). Wertheimer suggests such other alternative terminology as "person apperception, or the judgment of characteristics of people, or possibly, inference." Finally, he suggests, "Perhaps the safest term would be person cognition."

Necessary to an understanding of the role of the evaluator in the diagnostic process is the appreciation of the wider span of mental functioning that takes place in cognition generally. English and

English (1958) have defined the term as follows:

Cognition: a generic term for any process whereby an organism becomes aware or obtains knowledge of an object. Although it is part of the traditional terminology and has subjective connotations, many neobehaviorists use the term. It includes perceiving, recognizing, conceiving, judging, and reasoning (p. 92).

It can be seen that perception is part of a larger process and thus interacts along with other variables as the social worker engaged in cognitive activity. Johnson distinguishes the two terms,

We shall say "perception of relations" when the relations are perceived directly by the senses. When the relations are abstract, such terms, as "cognition," "knowledge of relations," and "understanding" are preferable (1955, p. 102).

Though the term "perception" is often used interchangeably with the broader term "cognition", it is well to apply the more encompassing concept of the latter when applying it to social work diagnosis. Perception cannot be isolated out as a separate phenomenon exclusive of the wider notion. If cognition can be used as a term to characterize the entire act of diagnosis, perception is a dynamic process subsumed within it as a stage or phase within the larger whole. Mead (1934) has conceived of perception as "a relation between a highly developed physiological organism and an object, or an environment in which selection emphasizes certain element." He notes that "this relation involves a duration and a process" (p. 102). There is a dynamic interaction between person and object,

and the perception is a measure of the incorporative phenomenon. Knowledge of the subjective propensities of the perceiver may well be necessary before a measure of the relation in this stage of the cognitive act can be meaningful.

The diagnostic process is a cognitive activity for the social worker. The system of action that comes into being has propensities which are usable only in the fabric of their context. Discrimination between parts must be only in terms of the whole. In the words of Lewin (1935), "The fact that certain single objects are connected with each other, or that a whole event sticks together in the sense of adhesion, is given as the cause of a psychical event" (p. 43). It becomes necessary in this connection to regard distinctions between mental processes as nothing more than artificial conceptualizations for the purpose of establishing a functional nomenclature. Our analytic terminology should avoid the misconception that there is a separateness among the attributes of personality. The emphasis of Gestalt psychology on organization of patterns provides a focus on the totality which allows for the differentiation of component parts. When perception is accumulating through the activity of the senses, it is not the mere assemblage of input, but a reorganization of the entire perceptual field (Kohler, 1947, p. 104-108; Johnson, 1955, p. 9-11).

This is not to say that the social work diagnostician fails to appreciate the presence of character traits or other unique criteria.

These are seen by the social worker in a kind of psychological space interacting with other elements and dimensions of the environment. The phenomenon in diagnosis seems to be like what Parsons and Shils (1951) describe as a "cognitive mapping" of the situation. This involves the mechanisms of cognitive learning that these authors have labeled "discrimination and generalization." In their words,

The first concerns the cognition of differences between different objects and different attributes of the same objects in terms of the significance of these differences for the actor. Generalization is the process by which different objects and groups of them are classed together with respect to those properties which they have in common and which are significant to the orientation of action (p. 126).

It is conceptually useful to consider the social worker as himself a dynamic system functioning in a larger environmental field. Cognition in diagnosis is determined both by the worker's unique inner qualities and by the character of his stimulus. With respect to the nomothetic laws that develop to explain behavior, Meehl (1954) summed them up simply as, "laws relating responses to stimuli via certain intervening variables whose states are in turn specified by antecedents . . ." (p. 54). A responsible clinician will utilize certain derived axioms and measures from theoretical models as he assesses a client person or group in the life situation. For the psychiatrist, these may often be the pathological processes underlying classified disease entities. For the social worker, these may include patterned disturbances in social relationships. Nevertheless,

in his analysis, the clinician must take his cues from the presenting problem, from recognizable symptoms, and from anamnesis. Inferences are based upon what Erikson (1959) portrays as a rapid and mostly preconscious cross checking of the models. The standards that one has accepted in the course of experience become involved in a dynamic process when a case situation is under consideration. It is to be expected that a set of new laws may emerge each time a diagnosis is made--new premises that are valid only for the particular case under consideration.

The interrelationship between social worker and client requires understanding in dimensions thus far not identifiable as overt behaviors or reliably measured by present day techniques. In the clinical encounter between the client and clinician, there occurs a sensitivity phenomenon which Reik (1948) describes by the term "unconscious cognition." It is necessary to Reik's analytic technique that diagnostic investigation of personality configuration be at least in part a derivative of a kind of immediate cognition through inner vision. He writes in his classic, Listening with the Third Ear:

The analytic technique of cognition of unconscious processes is marked by oscillation between the conscious and unconscious labors of the intellect and imagination. The proportion of unconscious ideas in the searching process is variable, but they always play a part in determining the result and are undoubtedly of peculiar significance. For several reasons I have here placed the realization of this unconscious element in the forefront of psychological discussion. The employment of the unconscious as a vital

organ of apprehension constitutes a peculiarity of the analytic method, which differs in that particular from other scientific methods (p. 131).

Cognition is for the social worker too a taking in of information through all avenues of sensory perception available to him. Subjective understanding through an unconscious or preconscious interaction with his client is a common mode. This involves perceiving at a feeling level and it is constructed of emotional reactions. These combine for an impression only recognizable through inwardly conceived terms. Substantiating the necessity for impressions at this level are Borgatta and Fanshel (1960) who point out,

only a limited amount of information may be available about some of the characteristics that are considered very relevant for casework. The more subtle social psychological characteristics that are the important concern of the caseworker as a diagnostician may be but little known, and much of the information may be intuitively based (p. 52).

It is pertinent to note that the body of knowledge incorporated by the social worker is implemented in the casework situation as the worker develops a sense of himself as a person with a cultural heritage who is in turn involved in a meaningful relationship (Wille, 1960). The social worker's skill depends to a large extent upon his basic self-awareness and then upon rational use of self in the dynamic process of assessment. Evidence accumulates as data comes to the attention of the worker by cognition at the various levels, but the social worker is always a part of his findings. Paul Tillich

(1962) has enunciated this assumption by a simple and yet insightful comment: in which he suggests that there may be two kinds of "knowing":

We may distinguish knowing--knowledge of the other one as a thing, and our knowledge of the other one as a person. The first is the cognition of external facts about somebody. The second is the participation in his inner self so far as any human being is able to participate in another one. The first is done in detachment, through an empirical approach; the second is done through participation in the inner self of the other one (p. 16).

Knowing that the diagnosis is a cognitive process which necessitates a particularizing of the client situation, the social worker has a responsibility to recognize the dimensions that come together to form his "Gestalt" of the situation. Objectivity would require a social worker to be aware of his inner self as a component of his evaluation. Value orientations as well as other personality factors could be considered a part of the social worker's frame of reference in diagnosis.

IV. VALUE ORIENTATION AS AN ANCHORING EFFECT ON JUDGMENTS

Specifically of concern in this research is the character of identifiable value influences as they relate to the judgment process of the social worker. It shall be important to establish that conceived philosophical constructions about life or related value orientations can be considered among the phenomena likely to modify perception.

These preconceived attitudes are considered among the cognitive variables that could establish the field of focus for the social worker as a receiver of information.

Orcutt (1964) has provided some useful nomenclature in a research report entitled, "A Study of Anchoring Effects in Clinical Judgment." He defined the word anchor as a standard or a force that influences perception of other stimuli. His work specifically referred to situations where experience in judging cases extreme in pathology had tended to bias judgment or perception of cases of more moderate pathology. The stimulus received in the earlier situation was shown to have lingered on to affect the clinician's view of other cases perceived in later situations. The findings of the study by Orcutt showed that anchoring phenomena were clearly present in clinical judgment and that there was reason for the assumption of the generality of anchoring effects in perception.

Bieri, et al., have described the term "anchor" to refer to the inferred psychological status of a stimulus for a person. In illustrating the concept of anchor in judgment, they had this to say:

The term "anchoring" as it is applied to judgment, carries many of the same implications as its nautical counterpart. Just as a ship that is anchored is fixed in one place and is expected not to drift substantially with the tides and waves, so an anchored stimulus (often called "an anchor" for short) is one which is presumed for one reason or another to be stabilized in its position. Furthermore, just as an anchored ship or buoy can function as a point of reference in locating the position of one's own ship, for example in a channel, so

does an anchored stimulus appear to serve an orienting function with respect to other stimuli. The effect of the presumed fixed position of one stimulus, the anchor, upon the judged position of another stimulus is termed an anchoring effect (p. 109).

In an article discussing the types of fallibility in clinical judgment, Hunt (1959) suggested that bias from the clinician's conceptions, beliefs and standards shows in a number of ways despite professional training. A study of clinicians by Weiner, et al., (1959) including social workers and clinical psychologists among the respondents, found that the concepts of "adjustment" were often vague and undefined among the sample interviewed. They concluded that reliability of judgments among clinicians about an individual's adjustment often seemed considerably less than perfect (p. 315).

Professional education itself may introduce referents and thus create bias or contaminating effects which become integrated into the conceptual make-up of the clinician. As Kadushin (1963) has written, "agreement among experts may result not only from their independent achievement of an objectively correct response but also from their similar perception because of similar education" (p. 403). Soskin (1954) actually came up with the finding that professional training tended to introduce a bias toward the perception of greater pathology. He presented undergraduate majors in psychology, graduate students in clinical psychology, and professional clinical psychologists with a protocol of TAT stories and Rorschach

interpretations from a young woman. She had been chosen by the experimenter because she appeared to be such a close approximation of the happy, efficient, affectionate young woman and mother. Soskin found that the more professional training--the more pathology was seen in the protocols.

Weisman and Chwast (1960) believe that social workers have pre-conceived standards for judging behavior of clients: "Social workers, as well as other persons in the helping professions, tend to subscribe to types of behavior and to think of them as universal standards" (p. 452). Wille feels that social workers are trained to regard their values more objectively, but she thinks that "cultural background is still influencing secondary values" (p. 102). Research by Hayes and Varley (1965) produced findings to show that those who chose social work as a career held values that were generally consistent with the profession even before they went on to receive their professional training (p. 43). Recognizing the implication of value premises in the work of the casework process, Taylor (1958) writes of the potentially positive influence of values in maximizing the effectiveness of social work:

The point I am making is that social workers have values, that these values are derived from the particular culture or subculture with which the caseworker is identified, and that they are potentially coercive in the work of the caseworker, whether or not he recognizes them. When they are recognized and clearly identified, they may become potent tools of the casework process; when they are not recognized, they

may intrude and interfere with the realization of casework goals. Rather than denying values, it is important to assert and affirm them. Thus, one may recognize to what extent he is coerced by his value or subjectively oriented to self-goals, rather than oriented to helpfulness to the client in the situation that faces the client. It may seem pedantic to emphasize the point, but no one is value-free. However, the question still remains as to how values may be used to maximize the client's problem solving activity, and to provide him with "personal happiness and well-being" (value-laden goals, in themselves) (p. 20).

There are the means for the subjective involvement of value dimensions in the work of the social worker. Theorists and researchers in the field have identified how it occurs. To understand value dimensions as anchors in the judgment process of the social worker, however, a conceptual system must be set forth.

Lewin has conceived of man's sensitivity to his fellows in a holistic view that gives importance to the interaction of systems in a pattern of interrelationships. The theoretical framework as introduced by Lewin provides a way to measure and chart the magnitude and relative influence of interacting factors as determinants of human behavior. Interaction among human beings is identified by behaviors which are not discrete but are dynamic. It thus becomes unreal to derive the psychological vectors from single isolated acts or objects. Any conception of the psychological field, according to Lewin, must derive from the mutual relations of the factors in the concrete whole situation. Behavior is essentially the momentary condition of the individual and the structure of the psychological

situation. In Lewin's words,

The dynamics of the processes is always to be derived from the relation of the concrete individual to the concrete situation, and, so far as internal forces are concerned, from the mutual relations of the various functional systems that make up the individual (1935, p. 41).

Important to Lewin was the concept of the human being in relation to the structure of his psychological environment. He demonstrated that the psychological world could be described in measures no less concrete and potentially specifiable than the scientist would use in the world of physics. The human being operates amidst a field of forces where functional relationships can be considered analogous to spatial dimensions in the physical sciences. He speaks of life space in characterizing the psychological environment. This is a concept that encompasses historical development as well as the "here and now." In a theoretical paper published in 1951, Lewin described it this way:

The possibilities of a field theory in the realm of action, emotion, and personality are firmly established. The basic statements of a field theory are that (a) behavior has to be derived from a totality of coexisting facts, (b) these coexisting facts have the character of a "dynamic field" insofar as the state of any part of this includes the statement that we have to deal in psychology, too, with a manifold, the interrelations of which cannot be represented without the concept of space. . . . All psychological schools implicitly agree with this statement by using concepts like approach or withdrawal, social position, and so forth in their descriptions. . . . It is everywhere accepted that this "life space" includes the person and the psychological environment (p. 71).

It is convenient to consider that human beings operate in the systemic spatial context as integrated systems, a construct applied in social work theory by Hearn (1958). Hearn has defined system as follows: "Each system consists of objects which are simply the parts or components of the system; there are attributes which are the properties of the objects and their attributes which tie the system together" (p. 38). The human being is described as a system consisting of parts such as physiological and psychological components. Where the human being as a system engages in social intercourse, the dimensions of the interplay are parts of another system, "a social system," as conceptualized by Talcott Parsons (1951). The interplay between social worker and client is an interactive relationship which should be characterized as itself a social system. The characteristics of the individuals as systems in dynamic exchange are involved as objects and attributes in functional interplay. An attribute of the social worker is the philosophical conviction about life and its application in the diagnostic judgment situation is measured through determining the measure of valence.

No object is considered neutral in Lewin's systematic understanding of the world, and every environmental facet has attached to it a valence (or Aufforderungscharakter) which through combinations determines the direction of the ultimate behavior. A working translation of the German word, aufforderungscharakter, is "demand

value", and thus valence suggests relative valuation of factors in the psychological environment (1961, p. 794). It is a quantifiable concept.

A complex of variables compose the life space of the social worker whenever he makes an evaluation in a case situation. Relationships among objects making up this environment can be described with reference to the valences of these objects as to each other.

The present research is an approach to measurement of the difference in valence between relevant objects. Techniques utilized in the research were designed to measure relative preference for different value orientations. The quantities representing these measures were then to be used to ascertain their relative correspondence to perception in certain diagnostic situations.

The concept of valence as applied in this conceptualization is a term used to characterize the dynamic aspect of value. It represents a relationship and it is best quantified as a force. As a force in human relationships, it must be considered a feeling. When valence is defined by Lewin for its part in any psychical event, he points out:

That the valence is not associated merely with a direction, but that a directed force, determinative of the behavior, must be ascribed to it, may be seen in the fact that a change in the position of the attractive object brings about (other things being equal) a change in the direction of . . . movements (p. 81).

The valence is a force which itself implies certain properties as a "force"--again by Lewin--force is composed of three properties: (1) direction, (2) strength, and (3) point of application (p. 81). The active character of valence implies that it is recognizable only as it emerges in an actual event or transaction. When translated into static representation, as to be ascribed to an actor or an object, the measure of valence can probably be measured by the disposition of the actor.

A word used to describe the general phenomenon which we are considering when referring to the predisposition of the person is the term, "set" or sometimes, "psychological set." Dember (1960) has characterized this state as follows: "stimulation does not fall on a passive receiver. The individual, on the contrary, is 'prepared', implicitly or explicitly, for certain kinds of input; the input is actively dealt with on the basis of this preparation" (p. 273). This would, of course, include a variety of physiological, psychological and axiological variables in combination with one another. Postman, Bruner, and McGuinness (1948) have stated:

What one sees, what one observes, is inevitably what one selects from a near infinitude of potential percepts. Perceptual selection depends not only upon the "primary determinants of attention" but is also a servant of one's interests, needs, and values (p. 142).

These experimenters tested the influences of the Spranger value categories (Spranger, 1929) in showing that value orientation acts as

a sensitizer lowering thresholds for acceptable stimulus objects.

Respondents were able to recognize high value words at relatively shorter intervals (p. 142-154). A similar study by Haight and Fiske (1957) came up with precisely the identical result (p. 394-398).

Another study by Fensterheim and Tresselt (1953, p. 93-98) showed that when the stimulus situation is ill-defined or when quite emotionally laden, subjects judging personality of other people contribute more of themselves to the perceptual field. The value orientation can become a frame of reference for judgments in the field of cognizance experienced by the social worker. Attitudes may be projected onto the stimulus figure.

There are varying points of view with respect to the degree of influence to be adduced to value orientation when determinants of behavior are being specified. McCormick (1961) would suggest that all social functioning is traceable to these fundamental ideological considerations. Kecskemeti (1952) would see the value orientation constructs as such nebulous things as to be malleable and therefore behavior becomes entirely dependent upon the momentary interrelationships. Buhler (1962) convincingly suggests that a relationship between personal values and behavior in the therapeutic situation must be assumed--leaving us only to determine its character. She writes:

One cannot live without encountering the problem of values. Certainly, one cannot go through psychotherapy without becoming involved, implicitly or explicitly, in the problem. Nor can one engage in psychotherapy as a therapist without bringing certain convictions about values into one's work. These convictions may or may not be specifically communicated to the patient, but they underlie the therapist's activity; they help determine the goal he sets for himself and his patient; and they are consciously or unconsciously reflected in his questions, statements, or other reactions (p. 1).

Social work research can explore and evaluate in such abstract dimensions as are examined in the present study so long as tangible aspects are measured. The "demand value" or "valence" can be identified when reflected by expressed attitudes. The approach to measurement and evaluation of this attitude assessment as utilized in the present study will be outlined in Chapter III. It is necessarily a method that seeks to bring about disclosure of possible relationships between value orientation and behavior. The value orientation would be expected to emerge as one component of the psychological set assumed by the social worker in perception of diagnostic criteria in family crisis situations. The degree to which the psychological set is influenced or "anchored" by various value orientations has implications for the cognitive efficiency in the diagnosis.

V. SUMMARY

It has been the purpose of this section to identify the aspects of value potentially to appear in social work decision-making.

Definition of its meaning and impact were initial tasks.

The value orientation is seen as an ingredient of the social work practitioner's total functional make-up. If it is to be said that a decision-making process is inherent to social work practice, then the value-laden aspects of the judgment are important for their influence in the process of the decision-making. In undertaking research of this phenomena, the act of diagnosis is a good model decision-making situation to examine.

This section defines the terms used in this conceptualization and it prepares for a theoretical understanding of the models in diagnostic judgment. The act of cognition as understood in social psychology approximates the social worker's activity in receiving and incorporating information as stimuli for diagnosis. The exact character of valuation was recognized to be potentially an aspect of professional training as well as fundamental personal philosophy.

Processes in psychical events were to be seen as caused by subjective and objective elements in the field of forces. Lewin's field theory provided a theoretical basis that could introduce schema for introduction of value factors along with other phenomena as concrete aspects of a specific psychical result.

CHAPTER II

AN OPERATIONAL SITUATION: THE FAMILY IN CRISIS AS A MODEL DIAGNOSTIC PROBLEM

I. CHOOSING A PARTICULARIZED PRACTICE PROBLEM

It is postulated that the efficacy of this research effort shall be dependent upon how carefully the problem has been designed and the inquiry managed. The announced purpose has been to assess a valence phenomenon in some delineated area of social work practice. To test out this area of influence upon judgment processes, a specific dimension of social work functioning must be isolated out and made recognizable. This chapter proposes a particular social work activity as a problem for analysis in relation to the aspect of value valence.

As a professional pursuit, the practice of social work has tended to encompass a wide range of activities. Chambers and Hinding (1968) remember the social worker as a friend of the poor living in settlement houses--on the one hand guiding child-like clientele to better living and on the other appealing to an unsympathetic public on behalf of a part of the population unable to articulate their needs. The Portland State University School of Social Work has now

conceived of social work practice as commonly being pursued in community action agencies, in group-oriented neighborhood houses, or in agencies devoted to individual or family treatment. A worker might be centrally concerned with a total neighborhood or a community. Therapy groups or activity groups might be the recipients of intervention by the social worker. The focus of social work contact might be individuals or families. By and large, there is variety of clientele and problems which can be regularly encountered in the course of practice.

Clemenger (1966) has suggested that a generic method is common to all social work whether the unit of service happens to be with individuals, families or peer groups. She suggests that work with clients at any of the levels has common characteristics, having "overlapping referents and convergent conceptual properties" (p. 4). If one can be persuaded by her argument, then it might well be concluded that practice principles developed in one of the several dimensions might be profitably utilized or properly adapted for application in other circumstances. The present research study has limited its focus to a particular stage in the work of a social worker and it has been economical to select out a type of situation as a model for study.

The research plan utilizes the terminology and thinking set out by Lippitt, Watson and Westley in the book, The Dynamics of Planned Change. They conceive of social work method in an analytical way.

They point out that four types of dynamic systems potentially need help--"the individual personality, the face-to-face group, the organization, and the community" (p. 5). The family is one example of the kind of small social unit that these authors categorize as a face-to-face group. They propose the term client system to denote any of the levels of social unit which might warrant the attention of the social worker. That such a general term does lend itself to semantic difficulties is to be acknowledged, but it provides a conceptual construct useful as a framework for understanding similarity among these subjective phenomena. The aforementioned authors say:

it is important to remember that the word "system" always refers to an organization of interrelated parts and that when the system is a multiple-person system these parts may be various types of sub-units--individuals, roles, groups, organization, communities (p. 12).

It is through diverse means that different units of social organization may manifest an appeal for help. Resources which any client system may turn to for assistance are referred to as change agents--a term which could appropriately apply to the psychiatrist, psychologist, group worker or other human relations expert (p. 11). In the present study, it is the social worker that is being seen as the change agent.

The conceptual structure utilizing the foregoing terms is suitable as a framework for this research. Its application accords with Hearn's (1958) requirements for theory building in social work. The

value orientation must first be made explicit, he says, then "the theorist will next select or develop appropriate constructs and models" (p. 13). The "client system" is one construct of the problem situation encountered by the social worker in this study. Measurement is in terms of objectively identifiable criteria but total impressions include more esoteric data. The "change agent" in process of interaction with the client system shall be the central theme. Our model shall be but one stage in this dynamic encounter.

This study intends to develop implications for wider understanding of diagnosis in social work. The findings or hypotheses developed out of the tests involved in this research should fit at a high level of abstraction. The use of an operational model is to provide for a symbolic representation of a cognitive phenomenon. A guide to establishing such a model is set out by Meadows (1957) who has said,

The formulation of a model consists in conceptually marking off a perceptual complex. It involves, moreover, replacing part or parts of a perceptual complex by some representation, or symbol. Every model is a pattern of symbols, rules and processes regarding as matching, in part or in totality, an existing perceptual complex. Each model stipulates, thus, some correspondence with reality, and some verifiability between model and reality" (p. 4).

For the sake of testing how diagnosis might be influenced by the value orientation of the social worker, a model situation fairly typical of social work practice problems has been selected out for

study. Diagnosis in a particular family circumstance has been chosen as the typical situation. The social worker encounters families in most social agencies and demands for service are varied. Briar has pointed out, "The family has long been one of the central concerns of social work" (1966, p. 9). Social work training gears for family service. All schools of social work are expected by the Council on Social Work Education (1962) to enable the student to recognize, understand, and appraise:

. . . The processes of growth and personality development of the individual within the social contexts of the family, group relationships, occupational settings, and community structures.

. . . Behavior of the individual under stress, with attention to maturation, growth, development, and environmental influences and of his use of adaptations and defenses.

The trained social worker is thus expected to be equipped to understand social relationships of a person in a family constellation.

Most often the social worker has at least had experience as a member of his own family. Coupling this with his training and experience, he should theoretically have a conception of "what a family is" even though this might differ greatly between individual workers. A definition of pathology or deviance would be dependent upon a number of factors formulated in the pre-cognitive stage of the social worker's impending clinical encounters with family situations. Offer and Sabshin (1966) feel that social values and centuries of past

ethical associations do exist which intermingle with objective appraisal of real life situations (p. 129). Behavioral scientists and clinicians, regardless of attempts at objectivity, must be so affected.

It is possible that a large number of variables are complexly intermingled in the network of family relationships which might be encountered by the social workers. The literature discussing family life could conceivably lend support to any number of quite variant conceptions of family organization even when it is possible to find agreement about the characteristics that are actually observed in a clinical encounter. Diagnosis in the complex of a family situation would resemble the delicate interplay of factors within the individual personality and it similarly would be analogous to the intricate interrelationships of forces in a community. The family diagnostic situation is an appropriate example of the various situations in which social work judgment takes place.

The conceptualization of diagnosis through utilization of an "operational situation" as a model can show the components of the process while preserving its dynamic character. Meier (1965) has developed her classification system for casework practice by outlining potential interactions between the person and his operational situation. She defines the operational situation as "the sites within which the person is expected to function." More specifically, she says,

The sites can be defined in terms of those factors and influences that are external to the person but that are relevant to his functioning in that they provide the stimuli affecting his ways of thinking, feeling and behaving (p. 544).

This is a useful interaction concept to apply to the social worker himself as he engages in a meaningful encounter with any client system. His role as a change agent is circumscribed by the character of service he is offering, the agency in which practice takes place, and finally by the perceivable attributes of the operational situation with which he seeks to engage.

Help rendered by the social worker involved in the casework process may well follow some specifiable patterns in spite of diverse agency identifications. The family itself will be the single most influential determinant of the character of its involvement with the social worker. Diagnosis will nonetheless rely rather heavily upon the specific set of circumstances which precipitate the need for a family to see a social worker.

Commonly encountered in social work practice is the crisis of a family as precipitated by some stress or pressure. Crisis events are common in situations requiring the attention of the social agency and the nature of the crisis usually relates to the nature of the service a given agency performs. Travelers call upon the Traveler's Aid Society in the course of a catastrophe incurred while being vulnerable as a traveler. Families coming to the attention of the

juvenile court do so in the aftermath of some critical event like an act of delinquency or the mistreatment of a child. Even in the relatively more long-term casework agency like the Family Services Society, the impending breakdown of a marriage, or the acting out of a child, or the disability of an aged parent are often the critical precipitant to the request for service. These are most certainly times of crisis. It would seem that the social work diagnostician could delineate practice principles quite knowledgeably where intervention is precipitated by a state of crisis. This is a typical experience for the social worker. The research design has specified a hypothetical set of conditions relating to family structure and the aspects of crisis. This was to provide a test of perception that would have the social worker relating to presumably familiar parameters.

Before this chapter is considered complete, the attributes of a family as a system must be set into perspective. Its organismic character must be made manifest as potentially identifiable in the form of a perceptual complex. Rules and processes as would be likely to emerge in the time of crisis must be defined. This is essentially an elucidation of the character of the diagnostic problem so that the reader may understand what is involved in such circumstances.

II. ATTRIBUTES OF THE FAMILY AS A CONCEPTUAL CONSTRUCT

While considered by many as being basic to the orderly functioning of the total society, the family remains an enigma in many respects. It is a complex and elusive construct. Social workers will nonetheless say that they consistently encounter family units and routinely develop a diagnostic appraisal in relation to them. Some basic assumptions seem necessary when we are developing a research relating to any particular class of objects. This section serves a purpose that will set the family into perspective much as Jay Haley did in an article written in 1962. It is a statement of my position regarding the family as a construct.

A blending of the views of the family into a framework considered minimally consistent will be necessary as a background for the analysis to follow later in this research report. An emphasis upon systemic properties of the family will emerge quite clearly as will conceptualization in terms of interaction variables. This review seeks to give value to both the structural and the dynamic, and realistically it should be regarded as non-speculative observation of a social phenomenon. It is a topological identification of relevant characteristics, and social work's unique recognition of the central place of human need colors the characterization.

Ackerman (1958) suggests, "it is possible to conceptualize

along a single continuum degrees of success and failure in the fulfillment of essential family function. " In his view, sick families must be regarded as those which progressively fail to carry out their essential family functions (p. 99). Diagnosis in family therapy involves assessing the extent to which the deficiency and the momentary disequilibrium is a direct manifestation of the pattern of relationships within the family unit and between family members and those outside the family.

The uniqueness of each family constellation must be kept in mind because the essential functions will vary. The needs of each social unit are somewhat distinct. It is in the specific case situation that the individual social worker provides a distinct service to his client--his general concepts are adapted accordingly in relation to the circumstances he encounters. An adaptive procedure is implemented to preserve the family. The late Charlotte Towle (1945), outlined what the social worker must seek to understand before helping a family:

Understanding what is happening to family life implies some knowledge of what it has been, some perception of its strengths and weaknesses. This involves learning something of how the family functioned as a group prior to the present difficulty. Just as the individual commonly has varying needs at different age levels and common ways of responding insofar as these needs are met or not met, just as these needs and these ways of reacting must be respected if the individual is to be helped, so the family group presents a varied interplay of relationship needs which must be considered if its strengths are to be conserved and disintegration guarded against (p. 85).

Function for the family may be described in terms of those benefits that accrue to individuals in the group. Its process is a need-meeting operation. As a recognizable entity in the American society, the family group generally has a fairly well-defined structure which is considered best suited to achieve its goals. Bell and Vogel have suggested a prototype which can well be representative of the typical family group:

. . . we shall regard the family as a structural unit composed, as an ideal type, of a man and woman joined in a socially recognized union and their children. Normally, the children are the biological offspring of the spouses, but, as in the case of adopted children in our society, they need not necessarily be biologically related. This social unit we shall call the nuclear family or simply the family. This unit is familiar and easily identifiable in American society, and it is the expected household unit (1960, p. 1).

Most social work contacts are very likely with the social unit as constituted in the above definition, but certainly a sizable proportion of the clientele are in need of casework services even when family make-up differs from that model. Sometimes, surely, the troubles that require social work intervention may well be related to the degree to which the aggregation needing service deviates from the model structure. This suggests that the family as a social institution may tend to be constituted as it is because it is called upon to perform certain necessary tasks. Bernard Farber has considered the varying definitions of the family as distinguishable insofar as they emphasize goals originating in different dimensions. He has

observed that,

Some sociologists try to define the family in terms of a set of ends, others in terms of a kind of social structure organized to gain more general ends in societies, and still others in terms of structures and ends emerging in the unique history of each society (1966, p. 1).

The family as an individually dynamic system and in its wider functional abstraction as a social institution certainly must be regarded as anything but a static entity. Pinpointing its dimensions and specifying them at any one point in time becomes relative to the cultural context and it is a complex problem. Nothing but an ever-changing conception will do. Speaking of the family as a functional unit in society, Hill (1951) pointed out how vastly different family tasks are today than they were many years ago:

As America has become industrialized and urbanized, there have been tremendous shifts in the division of tasks assigned to its major social institutions. Activities once centered in the home, such as production of food and clothing, family recreation, vocational apprenticing, and religious instruction, have been shifted to canneries, factories, recreation centers, vocational schools, and Sunday schools. Important tasks remain, however, which families must render society: childbearing, child socializing, and personality building. These responsibilities are more complicated than raising corn or producing fried chicken, by which some families were judged in days past. To be sure, families have always had these humanizing assignments, but only within our time have they been given the time and the tools for accomplishing them (p. 4).

Recognizing that family diagnosis must involve awareness of the societal influences on the family, the social worker must be ready to understand the impact of economic, political, and religious

factors. Nimkoff (1965) writes perceptively of the interrelationship of social influences as distinctive practices emerge in families. He introduces with great clarity the popular notion that the family is a part of the social system which is influenced by other parts, and in turn, also influences them. The family is a functional part of a wider matrix in which all dynamic mechanisms interrelate to produce a surrounding for humans that nurtures, sustains, and reacts to these very individualistic beings (p. 37-59).

Drawing heavily from material uncovered in anthropological studies, Nimkoff and his fellow authors recognize how variance in the family system relates to its interplay with other cultural, structural and environmental dimensions. The varying human cultures themselves can be organized into widely diverging social systems. Ways that such a wider social system develops to regularize interaction often can be structurally identified as sub-systems. Thus, it is possible to see some similarities at various levels in terms of organizational phenomena alone. Styles adopted in social units of larger size may have parallels in the family as a sub-system.

Because the family is conceived as a social system in this research, further elucidation of this conception can help to determine the analytical basis for it. This social system structure can be applied analogously in understanding laws governing other systems.

Borrowing a description composed by Leslie (1964), it is possible to see the character of this conceptualization:

A social system is made up, not of people, but of behavior. Viewed from the standpoint of the individual, every person participates in many different, and often overlapping, social systems. Husband and wife in interaction constitute one system, mother and child a second, father and child a third, and so on. There is also the social system which embraces the whole family. Each family member participates, in addition, in a variety of systems involving nonfamily members. Some of the more significant of these revolve around the occupational role of the husband, the family's religious affiliation, and the members' social and community affiliations. Society may be viewed as a complex network of interdependent, interlocking social systems (p. 924).

Perhaps the foremost engineer of the concept of the social system is Parsons (1962) who has written, "The social system is made up of the actions of individuals. The actions which constitute the social system are also the same actions which make up the personality systems of the individual actors" (p. 190). In considering the family, one must take into account the individual's total system of action which is essentially his role in the interrelationships. This may be composed of constellations of roles, and again from Parsons, "it (the family) is a system of differentiated actions, organized into a system of differentiated roles" (p. 197).

As it is for an organization of individual human beings which form any group, certain functional prerequisites are necessary for the continuance of any individual family. These have been collected into six broadly-stated and all-inclusive items by Bennett and Tomin (1948)

who feel these are necessary in any social group not doomed to dissolution: (1) Maintenance of biological functioning of the group members, (2) Reproduction of new group members, (3) Socialization of new members, (4) Production and distribution of goods and services, (5) Maintenance of internal and external order, and (6) Maintenance of meaning and motivation for group activity (p. 49). The testing of these postulates is not for this research effort, but the recognition of the family as a system and as a group is indispensable to this theoretical perspective. The social worker's intervention must be concerned with survival of the family and its members. Diagnosis by the social worker is activity of an individual personality involved with this semi-closed system. One aspect of this activity is bringing potential resources into focus. It is a multi-dimensional challenge to the perceptivity and understanding of the social worker.

III. VARIANT FORMS OF THERAPEUTIC INTERVENTION IN FAMILY LIFE

Family casework must be considered as a living process with an infinite number of possible treatment strategies. An understanding of the role of diagnosis must recognize the potential of differentiation between various ways of intervening in family situations. Shifts in the balance of equilibrium in a family unit could conceivably be induced through focus at many different points in the disabled

client system. Recognition of some diverse approaches in that form of clinical practice which centers upon family disorganization will be the function of the following discussion.

The Committee on Family Diagnosis and Treatment of the Mid-western Regional Committee of the Family Service Association of America (1965) has suggested a definition of family treatment that seems descriptive of the typical representation of social worker case-work with client families:

Family treatment is the process of planned intervention in an area of family dysfunctioning. Family treatment is centered upon the dynamic functioning of the family as a unit, and some form of multiple interviewing is the primary treatment technique. Shifts to other treatment techniques (individual, joint, and total-family interviews) are related to the emergence of new diagnostic data or treatment development, and are undertaken in the context of the total-family treatment goal. Since the goal of treatment requires focus on the family, some form of multiple interviewing remains the major treatment technique (Family Service Association of America, 1965, p. viii).

A general pattern of practice in family treatment does seem to exist and it might be said to accord roughly with the above statement. Beatman, Sherman, and Leader (1966) have agreed that "family therapists, of whatever stripe, have a common purpose and share certain basic theoretical propositions," but they have also cautioned that "they (family therapists) emphasize different things and pursue different interests--concurring, debating, and complementing each other's work" (p. 75). In the course of intervention, the character

of the social worker's interaction with any given family will relate to style of practice as well as dynamic factors. The style of the caseworker includes his capacity to engage with a family in a way consistent with certain widely accepted propositions even as he operates in a mode possibly quite divergent from that of other family therapists. It is helpful to contrast some of the concept of social worker involvement with families. Dynamic factors are of course idiosyncratic to each and every situation.

When pathology is identified in a family unit, the therapist presumably attempts to discover how best it might be remedied. Liking this to medical procedures, the casework task then becomes one of determining which means of "treating the disease" is proper. A wide variety of orientations might be considered, depending upon the character of the problem and the preference of the therapist. Where a single member is causing a disturbance, it might be conceivable to offer individual psychotherapy or even structured behavior change. Where a member of a family unit is behaving in a way potentially dangerous to himself or others, hospitalization or incarceration might even be the treatment of choice. Involvement of the identified patient in another form of intimate group experience outside institutional settings might be another alternative. The choice might be a therapy oriented to the individual personality system--or it might be a family centered approach. It might conceivably involve broad

environmental manipulation.

Gomberg (1958) believes that the helping professions have been feeling the limitations implicit of a sole reliance on an individualized psychology. Joining with this conception is Satir (1964) who says, "When one person in a family (the patient) has pain which shows up in symptoms, all family members are feeling this pain in some way" (p. 1). She points out that the symptoms serve a family function as well as an individual function by helping to achieve family homeostasis (or a balance in relationships). The involvement with an individual family member may be a way to reach the total family, but even when such an approach is utilized, Miss Satir and her colleagues would contend that the implications for the wider family matrix must be understood.

There is indeed reason to assume that individual psychotherapy and family therapy necessarily contrast with one another in terms of procedure and process. Menninger (1958) writes of the psychoanalytic technique as an extremely intimate experience between two people. The relationship between two people comes very close to being the goal itself--but it is an individual experience for the patient which can have implications for his social life. Menninger suggests that decisions in a person's "life program" be deferred until the analysis is complete. It is not that individual treatment is antithetical to the goals of better family functioning. Rather, focus is on

the patient who, in turn, becomes better able to function in the family life and in his social environment.

While the word "family" to some therapists may mean nothing more than a collection of individuals, it will mean something much more to those on the other end of the continuum. To some, a group is an entity having a being in itself. Leik and Northwood (1964) utilize the group process approach in their work and focus on problems encountered during decision-making "which arise regardless of the degree of personal stability of the members of the family" (p. 288).

As this research effort has developed, it has seemed desirable to recognize that social workers need to consider a client system that has specifiable properties, regardless of the potential therapeutic focus. When it is considered that the total family unit is in distress, there is an implied responsibility for considering a wider interactional field. Even those who prefer to provide individual therapy tend to consider the potential impact upon the total family unit of the patient's behavior, and, of course, consideration is usually given to the corresponding influence of the family on the patient.

Styles in treatment of families may also be seen to vary from worker to worker quite conspicuously in spite of fundamental agreement in respect to some theoretical propositions. Scherz (1966)

suggests that "family treatment is in a stage of development similar to the young child who is struggling to establish his identity . . . a state of excited confusion." She feels that "our practice must continue while theoretical speculations continue to be put forward, formulated, altered, and reformulated" (p. 234). The task yet to be mastered is described by Ehrenwald (1963).

Family diagnosis, in order to be brought up to the standards currently applied to psychiatric diagnosis in the individual, has to proceed in two major steps. First, it must aim at a descriptive, taxonomic delineation of patterns characteristic of a given family constellation. Second, it must seek to arrive at a deeper, dynamic, psychological understanding of such patterns (p. 121).

Generalized objectives in family treatment are formulated in terms of functional standards, but adapting these in family situations requires individual judgment and interpretations of very nebulous constructs.

An example of the range of diagnostic decisions possible emerges with regard to composition of therapy sessions. It is Bell's (1961) contention that the family therapist must always see the family as a group. He suggests that involvement with individuals in the family is inappropriate. Conversely, Hallowitz (1966) urges that individual therapy is sometimes to be used as a component of family therapy. Wasser (1966) contends that family group treatment as a modality can be broadened and enhanced by including older relatives-- she would not limit to the nuclear family and conceives of the

importance of extended family relationships. Beatman, Sherman and Leader (1966) propose that selective inclusion of extended family might even include a nurse, domestic worker or even the "family pet." Their idea behind this view is that

the family session has as its important purpose the assembly of the whole family in order to bring to light its Gestalt, the whole significant emotional field in which the individuals are intricately bound and balanced together (p. 78).

The literature generally recognizes the focus on the household unit, but some therapists are willing to subdivide it for therapeutic purposes and others think it feasible to extend it to spheres well beyond the basic group.

Application of family treatment concepts in case situations will involve making value judgments and thus the philosophy of the social worker to the extent that it influences these judgments can be seen as one of the determinants of the social worker's behavior. Long time practitioner, Meyer (1959) says, "Family caseworkers are faced continually with value considerations . . . the burden is on the practitioner to be sufficiently aware of his own value system so that he can make a proper adaptation of it to the objectives of social casework" (p. 374). It would seem that the structure and dynamics of a given family are uniquely perceived by a given social worker who then must achieve some degree of self-awareness of the role of his own value system in his involvement with clientele.

IV. THE SPECIAL CASE OF THE FAMILY IN CRISIS

A time of crisis in a family provides a set of conditions calling for the social worker's evaluation of the family circumstances. This is a typical situation for the social worker in major practice settings. The public welfare agency provides financial help when the provider is for some reason unable to obtain the income to meet family needs. Medical social workers in hospitals often are called upon to assist families facing the loss of a loved one. Adoption workers are frequently called upon at times when an unwanted pregnancy threatens social status and internal balance in the family. Baldwin (1968) has observed of her clinical experiences that,

An acutely stressful situation, brought about by a current problem, is often the spur that impels a person to seek professional help. The severe stress, unconsciously and symbolically linked with earlier conflicts, stirs up fears that are, as a rule, related to a threat to or actual loss of someone essential to instinctual gratification (p. 28).

It is suggested by Kaffman (1963) that a special kind of psychological atmosphere develops at the point in time that has come to be known as "the crisis." English and English (1958) have defined the crisis time as "a turning point" (p. 130). Kaufman contends that long term therapy may well be unnecessary under these unique conditions:

The simple fact that a large proportion of emotional disturbances, both in children and adults, can be dealt with satisfactorily without resorting to prolonged methods of treatment cannot be denied. This is usually true for the vast majority of reactive emotional disorders and for acute

and crisis situations leading to a breakdown of previous apparently "normal" behavior. Opportunely timed assistance can help to restore emotional homeostasis and prevent further impact of disorganizing anxiety which could determine progressive maladjustment, disintegration and serious psychopathy (p. 217).

The hazardous event introduces a special kind of problem for the social worker. It is proposed by theorists that certain common conditions are present in the crisis situation, and this theoretical position must be discussed definitively as a statement of valued perspective in this research. The conception of the family is here linked with the notion of crisis.

Crisis is seen in simple spatial terms by Caplan as "an upset in a steady state." Rapoport characterizes a crisis as "a call to action" in an article written for Social Work in 1962. She suggested that the challenge it provokes may bring forth new coping mechanisms which serve to strengthen the adaptive capacity (p. 56).

Duvall (1957) defined family crisis in terms which suggested that the situation imposed on the family a need for dramatic readjustment and possible outside intervention. In conceiving of the circumstances that become manifest, she stated: "A family crisis may be defined as anything for which the usual patterns of family living are inadequate" (p. 489).

A social scientist who has written authoritatively about the concept of crisis in family life is Reuben Hill. His analysis of the

research has helped to build a theoretical construct for the family diagnosis problem to be considered in this research. Hill (1958) identifies three systems of classification of family troubles that have been used by investigators in cataloging crises: (1) by source, whether extra-family or intra-family, (2) by effects upon the family configuration, which combine dismemberment, accession, and demoralization, and (3) by type of event impinging on the family (p. 141). Similarly, Duvall (1957) suggests the following origins to family crisis:

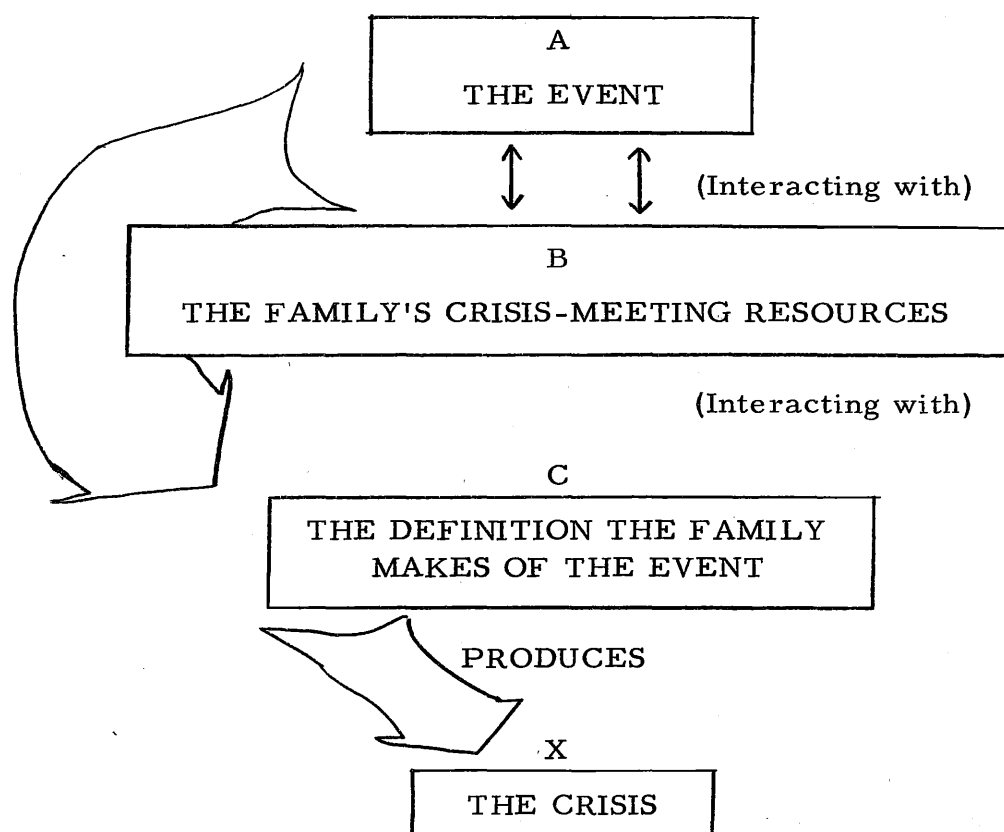
. . . Family crises have been classified as those resulting from loss of a member (dismemberment), those resulting from loss of status and of face (demoralization), those resulting from the addition of a member (accession), and those resulting from a combination of demoralization and dismemberment or accession . . . (p. 490).

In spite of varying points of view when it comes to understanding family crisis, a consistent nomenclature has been developed in specifying structural aspects common in such situations. Preference for particular kinds of the dimensions could be expected to vary according to the orientation of the perceiver. Diagnosticians can be expected to conceptualize in various ways related to how they expect family interaction to manifest itself. Absolute determinants are yet unavailable at this point in time for guidelines in study of this phenomenon. The framework must therefore be seen as a very generalized schematic of the circumstance under consideration.

Well accepted reference points are still to be developed. Haley (1959) has acknowledged,

What is lacking in the study of interpersonal relations is a method of describing, by way of some analogy, the process which takes place when two or more people interact with one another. Although there are models for inner activity, e.g., the id-ego-superego metaphor, . . . there is not yet a model for human interaction (p. 372).

The broadly stated definitions and the all-encompassing derivative classification systems are difficult to translate into operational terms. The system construct described earlier in this report has considerable promise as a means for programming empirical research to investigate the interaction, but as yet only limited study has been undertaken. Hill undertook a systematic study of families under stress and publishes his results in 1949 setting forth dimensions that he believed could be conceived as organizing determinants in the crisis situation. He conceived of the crisis itself as a situational occurrence and he felt that three variables are present in a situation which determine the character of the crisis: (1) the hardships of the event, (2) the resources of the family to meet the event, and (3) the family's definition of the event (p. 51). He translated this into a formula in a 1958 article which graphically illustrates his conceptual framework for organizing the elements of family crisis:



The varying points of emphasis in conceiving of the family as an organization in stress will fit within the model suggested by Hill in the formula shown above. Social workers may be impressed more with some components than others according to preferences which would be in turn related to a widely assorted myriad of factors. It is possible to define the various dimensions of crisis with some degree of conceptual precision, ignoring for the moment the tendency of the social worker to assign greater importance to one or the other of these aspects.

The event which we label as a precipitant of a state of crisis

is characterized by Lydia Rapoport (1962) as "a self-limiting event in the temporal sense (from one to six weeks). " She conceives of crisis, then, as having a beginning, a middle and an end (this she contrasts with the chronic crisis that she feels characterizes some client families) (p. 211).

In writing about the kinds of crisis event likely to cause the family some distress, Baldwin (1968) provides a colorful description of potential sources of stress--"losses, moves, separations, additions to the family, illness, accidents, legal suits, and shifts in roles" are examples that she cites. She notes that for different family constellations, different events may be significant:

In dealing with young parents, pregnancy is an important factor. In families with older parents, the disequilibrium may be brought about by the marriage of a son, daughter, or even a widowed grandparent; by the birth of a grandchild; or by the "loss" of a young child entering school or an older child entering college of the armed services (p. 29).

The crisis event has meaning according to the situational determinants which are themselves directly the factor of an interplay between organism and environment. It is an event which so deeply penetrates the system that whole new patterns must emerge. Crisis is not simply the disorganization of a system, but it is a new thing entirely for the social entity affected. Farber (1964) points out that the event which precipitates a crisis introduces conditions which cause serious disorganization and consequent disfiguration of the

family's integrated system:

(a) it triggers a change in values and roles, (b) it cannot be controlled by merely erasing its effects and continuing life in the manner which had gone on before its occurrence, and (c) the potential distortions in interpersonal coalitions which it is capable of inducing are considered as "undesirable" at least by the parents (p. 402).

That some members of the family might regard the distortion of family organization as distressing or threatening would suggest a very natural resistance to change or a characteristic organismic striving to maintain homeostasis. The family as a system would tend to prefer handling problem situations in ways that were functionally operative before the crisis producing event caused the disorganization. Parad and Caplan (1960) suggest, "the essence of a crisis is that the situation cannot be easily handled by the family's commonly used problem-solving mechanisms, but forces the employment of novel patterns" (p. 7). Patterns or new modes within the family's range of capacity are called into operation--new strengths are identified and put into play.

The phenomenon being identified in the preceding paragraph would suggest an interplay of the "family's crisis-meeting resources" with the stressor event. Rapoport (1962) has outlined the phases that occur during the period when the family and event are interacting:

First, there is a period of heightened tension; second, there is an attempt to solve the problem with habitual problem-solving mechanisms; third, emergency problem-solving mechanisms may be called on. The outcome may

once again be variable: the problem may actually be solved, or the goals may be altered in order to achieve need-satisfaction and greater stability, or there may be a renunciation of desired goals (p. 49).

It can be seen that the way that the family conceives of the problem would modify the impact of the stressor event and likewise influence the character of the mechanisms used to cope with the trouble. The meaning of the crisis to the family could relate to cultural or subjective definitions as formulated by the members of the social unit itself. It would be affected by the value system of the family. Some events which would pose major crises to one family would not to another simply because the problem was differently conceived.

Parad and Caplan (1960) introduce the "family life style" as an aspect in considering the potential impact of a stressor event. They suggest the existence of three interrelated factors--"value system, role pattern, and communication network." In essence, the family's generalized and reasonably stable pattern of organization can be characterized as a mode or style which itself must interpret events for definition of relative impact of the stress upon the system. The diagnostician must be able to know the family well enough to understand the relative nature of the family system in its interplay with traumatic events.

The social worker's assessment will finally include appraisal

in terms of intervention style most likely to be available to the worker himself. It is vital to know what can be done. Treatment strategies may vary greatly between mental health workers who might well share an identical conception of the crisis itself. Kaplan has written contrasting the traditional stance with an approach which emphasizes the factors inherent of the current situation itself. Quotes from his article of March 1968 follow:

Acute emotional problems related to crises and emergencies are perceived, in the traditional psychiatric conception of disease, primarily as exacerbations of chronic mental disorders. It is assumed that a chronic disorder exerts considerable influence on the patient's reaction to crisis and stress because it affects all critical aspects of individual behavior. Although reaction to a crisis is conceived of largely as indicative of the nature of the pre-stress personality, the evidence from studies that have attempted to predict the outcome of a stress situation on the basis of personality alone does not tend to confirm this theory. An alternative theoretical position has been formulated, which assumes that crisis reaction is something apart from neuroses and psychoses, a phenomenon in its own right that requires study and treatment (p. 151).

These crisis situations, which temporarily disturb the person, also call forth attempts to master them and to regain psychological balance. The signs of upheaval--the symptoms--are better understood as products of a crisis situation than as manifestations of earlier personality disturbances. The person's pre-stress personality is likely to influence his response to a crisis, but his personality alone does not determine the outcome, which is markedly affected by his current relationships (p. 152).

With the assumption that clinical experience and professional unity have produced a population of constructs having some conceptual homogeneity regarding the content of crisis situations along with

some underlying theoretical heterogeneity, this research study shall investigate the process of family diagnosis at such times as perceived by social workers. The limitation of this problem to the family in crisis still leaves much room for variant interpretations. But, it has been possible to limit consideration to a total group identity and to specify a time-limited situation. The framework for understanding a crisis in family life leaves opportunity for the social worker to conceive of it as stemming from individual personality aberration or for diagnosis to be an assessment of total group disequilibrium. A long range orientation could be adopted as could a short-term intervention approach. It is proposed that family in crisis is an understandable construct regardless of the psychological school by which it is to be regarded. A number of influences can be expected to influence the pre-conceived perceptual images of the social worker to be involved in such a circumstance.

V. ADDENDUM TO CHAPTERS I AND II

It has been the function of the preceding two chapters to review literature which deals with constructs relevant to the present research. These chapters provide a theoretical frame of reference so that the relationships being measured in this research can take on meaning. It has been the goal of the preceding sections to define the character of the universe being studied.

One must first appreciate the significance of the construct of value in the conceptualization of the diagnostic process before one can appreciate the complexities of the family situation as the subject of the diagnosis. Both are essentially elusive constructs which defy absolute definition. For every way of looking at either value or family, some very logical objections can be introduced. One must be content with a conceptualization that is at least internally consistent. Once established in this way, the construct can be tested and tentative results obtained.

The review of material as set out in the first two chapters is too brief to be accurate and too wide-ranging to be simple. The definitions of concepts are sometimes by implication and every notion expressed is subject to changes as the contextual boundaries shift. With what has been identified for this moment in time, it has been possible to explore possible ramifications along the lines allowable in this frame of reference.

CHAPTER III

METHODOLOGY IN MEASURING RELATIONSHIPS AMONG STUDY VARIABLES

I. RATIONALE FOR A MULTIVARIATE EXPERIMENTAL METHOD IN THIS EXPLORATORY RESEARCH PROJECT

The beginnings of this research project stemmed from a general hypothesis that human values would constitute one aspect of the functioning of the social worker in practice. It was not possible to subject such a notion to the scrutiny of methodical quantitative analysis in any way that would not be grossly subject to the vulnerabilities of nebulous and abstract terminology, but the study has proceeded in spite of such obvious limitations. Appropriate measurement has been utilized and mathematical concepts have been introduced to aid in the analysis, and yet one must recognize that a study of this kind will have a great potential for error simply by the nature of the constructs involved.

At the beginning, it was thought that themes might be identified by actual observation of the activities of social workers. The idea was to infer the existence of subjective guides to such activity that would point to a philosophical theme underlying practice. This

would essentially be an inductive approach to study of the problem. In the process of designing the study, it was learned that the problem of itemizing and interpreting specific acts of service could include such immense minutiae of unique bits of behavior to make collation virtually impossible. Initially, the task was too broadly conceived.

The problem would have to be narrowed and it seemed most feasible to go in the direction of considering the mechanics of social work judgment in relation to value conceptions. A proposition would be tested that value dimensions could be generally conceived to underlie specific trends in judgment.

Considering judgments as decisions between two or more alternatives or categories of response (Johnson, 1945) one can describe the social worker as a clinician who would have judgments to make continually during casework with client families. These would be based upon his ongoing appraisal of his client's condition and circumstances. It can thus be said that judgments in the casework process are progressively based on greater and greater accumulations of information and experience with the family. Decision-making becomes increasingly complex and involved as it is complicated by continued interaction between the social worker and his clients.

The time of worker preparation for the initial encounter with his client family seemed logically the point when there would be

least "contamination" from an involvement with considerations external to the diagnostician himself and thus a maximum involvement of value considerations. At such times, there could conceivably be a chance for measuring of the pre-perceptual stage of the diagnostician. There would be a minimum of client influence as opposed to what there would be at later stages of contact in the casework process. The test would seek to elicit a measurement of the attitudinal set of the social workers by asking each to respond to the questionnaire as a social worker diagnosing a situation involving a family. The questionnaire was designed to establish an experimental condition which would determine the social worker's basic frame of reference, prior to but in anticipation of an encounter with a family in crisis.

Consistent impressions of the meaning and implications of human behavior are unlikely from worker to worker as Weiner, Blumberg and Cooper discovered in a study reported in 1959. Their findings showed that uniformity of attitudes among clinicians was lacking. Social workers were found to be no more consistent in specifying relative adequacy of adjustment than were a random sample of college students. Other studies also vary a great deal from person to person (Estes, 1949; Leventhal, 1957; Allison, et al., 1964). And, situations lacking clear cut determinants in the stimulus dimension judged to tend to be perceived along lines determined by other factors (Hood and Sherif, 1962). Judgments in such

situations have tended to be formed on the basis of certain criteria which are chosen for reasons unique to each judge. Fillenbaum (1961) reports that "How Fat is Fat?" tends to vary by one's own weight when judgments are made of the same sex. No trends were found among the judgments of weights of the opposite sex. Tuddenham (1950) found that norms established by a highly regarded person could actually distort perception of a situation. These studies tend to suggest that the personal characteristics of the judge will determine trends one is likely to see in the judgments he is called upon to make. The search in this study is for the basis of some of this selectivity of perception by the judge in the clinical diagnosis situation.

In the present research, experimental conditions as set up by a questionnaire were developed to identify patterns for organizing such stimuli as might potentially become available in the diagnostic judgment situation. The judgment situation would necessarily be unstructured, or only structured to the extent necessary to pose a set of circumstances for the judgment. It was felt that maximum applicability would result if a connection with "real life" situations would be established among the items designed to elicit responses from the study subjects. Situational information would have to be provided so that the respondents could picture the potential form of clinical encounter.

It was first supposed that a series of hypothetical situations

could be composed and submitted for the consideration of the respondents in this study. The situational descriptions would be the stimulus designed to obtain a commitment to some orientation in the diagnostic situation. Such a technique was utilized by Briar (1963) in a study of clinical judgments in relation to foster placements. It was thought that this approach might bring forth quite personalized responses so that respondents would be thinking of actual case situations rather than of relatively abstract hypothetical situations. The idea would be that generalizations might be identified representing the social worker response to a number of situations which could then be interpreted as value orientations.

Upon further evaluation, it was concluded that there were limitations to using hypothetical situations to draw out attitudinal information. The introduction of actual sets of circumstances can bring about association with prior situations which might involve additional unrecognizable variables. A transference phenomenon could develop which might introduce many unidentifiable determinants. David Fanshel (1963), in a commentary on the research by Scott Briar, felt that this form of inquiry reduced diagnosis to the level that it no longer adequately resembled real life. He felt that it would not be possible to reproduce, in the form of case illustration, stimuli that would adequately convey a true facsimile of an actual situation. Fanshel felt that workers responding to the hypothetical

situations would be "unable to explore elements of the situation that were not covered by the material presented. . . ." He said that it would force the worker toward producing stereotyped responses rather than those individualized for any particular situation (p. 171) In responding to this criticism, Briar claimed that Fanshel's critique amounted to nothing more than a condemnation of the laboratory method in social research. The present investigator felt that there was sufficient merit to the criticism that it might extend to a repudiation of simulated real-life constructs in the present inquiry. The approach taken in this study is indeed a laboratory technique, but the goals are sufficiently limited that Fanshel's objections could not be deemed relevant.

The respondents to the study questionnaire were asked only that they conceive of the diagnostic situation as a crisis situation for the family. No more specifics were to be included. It was risked that by allowing test items to be defined by use of abstract terms, construct validity might be impaired. Mindful of this, a research instrument capable of measuring both empirical and hypothetical constructs needed to be developed.

Behaviors in responding to questionnaire items were to be measured by numerical scores to correspond with ratings and rankings. Any conclusions to be developed out of this kind of information would ultimately depend upon verification. Cronbach (1960) has

pointed out that the process of validating interpretation of a theoretical concept in the form of constructs requires experimental verification. Levitt (1961) has noted that validity and reliability are allied phenomena. He writes, "Categorically, an unreliable instrument cannot be valid, while a reliable instrument must be a valid measure of some construct" (p. 70). The effectiveness of the instrument would depend in large measure on the degree to which the instrument actually measures the content or activities under consideration. Establishment of a high level of construct validity would have to await further research.

The essence of this inquiry was to find relationships among the judgments registered by respondents in rating or evaluating items involving abstract conceptualizations. In developing the instrument, two groups of constructs were to be derived from entirely different directions. Value orientation or philosophy constructs were general conceptions of what people might conceive to be "the good life" and these would necessarily be drawn from ideological dimensions. Constructs representing variables involved in family diagnosis described facets of problem areas. The task would be to develop a research instrument in which respondents could judge items in each category and in such a way that attitudes could be scaled.

The research problem required measurements in each category for computation of the correlation between categories. A

questionnaire form of inquiry utilizing written language became the means of interpreting constructs to those respondents from whom information was to be sought. It would qualify as an experimental method along the lines Cattell has suggested,

an experiment is a recording of observations, quantitative or qualitative, made by defined and recorded operations and in defined conditions, followed by examination of the data, by appropriate statistical and mathematical rules, for the existence of significant relations (1966, p. 20).

The procedure is constricting in the sense that adequate definition is essential for reliability, but it is flexible in allowing methodology that need not adhere to classical scientific format. Cattell (1952) convincingly contends, "It is possible to observe covariation and develop laws without theories" (p. 13). He suggests that "classical accounts of scientific method, more concerned with intellectual pomp than historical and psychological truth or present research fruitfulness, have overstressed the importance of a hypothesis." Thus, the goals of this research are to be broadly stated. Any observable assessment of the evidence of the possible existence of any law or of covariation will be reported.

It has thus been deemed appropriate in this study to go beyond strict adherence to the classical, bivariate analysis of variance design. The present research is aimed at discovering principles of classification. The hypothesis being tested is that value orientation influences the choice of certain variables in family crisis diagnosis.

The idea that these systematic value constructs are in fact to be construed as determinants or guides to behavior comes from propositions advanced by Charles Morris and others as noted in Chapter II. By introducing these constructs in the context of this study, it should be possible for these subjective dimensions to emerge by appropriate clustering of variables. If a new schema of classification emerges, this is entirely in line with the research objectives. If an analysis of variance were the only test used, there would be no thought to discovering new schemes of classification (Burt, 1966).

Research with multidimensional scaling (Messick, 1956) indicates that when people are called upon to make judgments concerning attitude relationships, their judgments can be analyzed and conceptualized in terms of a dimensional frame of reference. The items in a diagnostic study are social objects different from the philosophical ideas internalized by the social worker. The former attaches to the external involvement of the social worker with a particular diagnostic problem, while the latter is the synthesis of internal conclusions about life by the social worker. They are distinguishable by class. Recent research (Boyd and Jackson, 1967) shows that different classes of social objects can be included within a single domain. All along in support of this notion has been Thurstone (1947) who has written, "Factor analysis is not restricted by assumptions regarding the nature of the factors, whether they be physiological or social,

elemental or complex, correlated or uncorrelated" (p. 56). One needs only to recognize the limited objectives of research which utilized this form of data analysis. Again quoting from Thurstone:

The exploratory nature of factor analysis is often not understood. Factor analysis has its principal usefulness at the border line of science. It is naturally superseded by rational formulations in terms of the science involved. Factor analysis is useful, especially in those domains where basic and fruitful concepts are essentially lacking and where crucial experiments have been difficult to conceive. The new methods have a humble role. They enable use to make only the crudest first map of a new domain. But if we have scientific intuition and sufficient ingenuity, the rough factorial map of a new domain will enable us to proceed beyond the exploratory factorial stage to the more direct forms of psychological experimentation in the laboratory.

A very tentative set of findings are being sought in relation to a population of social workers. An individual to be selected as a respondent in this study was to be conceptually regarded as an entity having potentially measurable attributes. The attitudes of these social worker respondents would be the dimensions along which scales would be constructed. The relative valuations so identified would come to be represented as attributes or variables. Because of the expense involved and due to the fact that this effort was to be an exploratory study, only one occasion of testing was to be attempted after the questionnaire was developed.

The remainder of this chapter describes the method employed in obtaining items ultimately used in the research instrument. An introduction to social psychological measures of values is developed

first to be followed by a systematic statement of how family diagnostic variables were selected. Finally, there is a resumé of actual data gathering process preparatory to Chapters IV and V which describe the findings.

The hypothesis being set-up for this study is at best to be very generally conceived and it has been admitted that no conclusive findings are being sought. We have set out five value orientation variables and twenty-six family diagnostic criteria items. Statistical and factorial analysis proceeds in Chapter V to assess the degree of co-variation. Possible results suggested by the method of obtaining variables are: (1) that each of the value orientation variables tends to correlate in positive or negative directions with certain family diagnostic criterion variables and not with others; (2) that value orientation constructs will tend to be the basis for the formation of a reduced factor matrix; (3) that factor analysis of all thirty-one variables will result in a reduction of these to a number of primary independent factors in which value orientations and family diagnostic variables are to be blended.

Because a study of this kind has to obtain inferential findings amidst a whole host of other relevant factors, the possibilities of correlations showing anything at levels sufficiently high to be significant would be slim. At best, this study will seek no more than to suggest that value orientation takes its place alongside knowledge,

experience, personality, education and other factors in determining emphasis in the diagnostic process. The design of this study was such that control of all factors would not be possible. Use of additional multivariate techniques would be necessary to interpret the data in a way that might exploit its potential most fully.

II. VALUE ORIENTATION DIMENSIONS INTRODUCED AS LATENT SCHEMA

A basic proposition in this research effort is that social workers vary in their value orientation. To test this statement, it is necessary to determine respondents' preferences for certain philosophical positions. The goal has been first to estimate these preferences among various social workers preparatory to considering how such preferences might be reflected in the emphasis a given social worker places upon the possible variables involved in diagnosis of a family at time of crisis.

This research project attempts the difficult task of measuring attitude about subject matter that is extremely prone to individualized interpretation by any single respondent. In attempting to analyze value orientation, scientists have tended to conceive of it as a dimension of the human personality. Gioseffi (1957) proposed that values are uniquely incorporated by each person from roots sprouting from the total culture. A quote from his article points out how a person's

constellation of values will emerge in the developmental process:

Values are transmitted mainly through the attitudes of the adults who are close to the child. As he integrates his various experiences in the light of and within the patterns of his already developing personality, the child makes of his own unique interpretation of the values his group tries to teach him, which will be similar to those of his mentors yet will be experienced differently by him according to his own particular situation. They thus become a unique part of him, a true ingredient of his personality (p. 117).

Florence Kluckhohn (1951) has demonstrated that in a large, heterogeneous society such as we have in the United States, whole groups within the total culture will be found embracing variant value orientations. Therefore, the value orientation profile for any individual may be derived from a combination of sub-group and total cultural influences.

The job of measurement first necessitated an assessment of the range of possibilities. The attitudes of the sample were to be measured by opinions of the respondents relative to a set of contrasting value orientations represented in the questionnaire. The work of axiologists has been directed to the study of value by the use of well-tested constructs. The goal is to make categorical analysis of value quite reliable. One of the pioneers among these philosophers is Morris of the University of Chicago. It has ultimately been deemed feasible to utilize the value dimensions obtained by Morris (1956) as measures. This particular classification of value appeared to be the best hypothetical schema for this study situation.

In reviewing the work of researchers who have attempted to study value orientation, several alternative modes have been considered as possible measuring devices for the present research project. Brief mention of the principal methods is being put forward here together with discussion of their relative appropriateness for the categorization necessary for this analysis. Reasons for discarding each of the tests as inadequate for the measure of values in the case of social worker respondents are stated.

The oldest of the tests designed to measure relative adherence to certain value systems is to be found in Allport and Vernon's important book, A Study of Values, published in 1931. These authors drew upon ideas set out by E. Spranger (1928) which categorized value orientations into six dimensions: Theoretical, Economic, Aesthetic, Social, Political and Religious. Short written descriptions were developed to represent each of these constructs. The inventors of the scale developed it into a standardized test for measuring the dominant interests of personality in 1951 and subsequently it was used as an empirical device in many studies. Costin (1964) used it to investigate the opinions of social workers about the relative importance of certain values to social work education and to ascertain the degree of expression of these values by social work students. Hayes and Varley (1965) used it to distinguish value orientation preferences of students likely to choose social work as a career.

A major drawback to the use of the Spranger categories in this research was that the basis of classification seemed to be in terms of institutionalized social roles. As was demonstrated by the studies cited above, social workers as professionals identified with a certain ethic would tend to align themselves with the "social" dimension. The formulation seemed too close to a description of actual activity of the social worker and reminiscent of ethical statements as enunciated by the professional organization (Bartlett, 1958, p. 5-8) and (Gordon, 1962, p. 3-13). The value congeries in this study needed to be at a higher level of abstraction. Needed was a measuring device that would have few institutional connotations.

Anthropologists Kluckhohn and Strodtbeck (1961) introduced an extremely complicated measuring instrument which they used in a comprehensive cross-cultural survey. They proceeded after formulating three assumptions which seem to focus basically upon the premise that man functions to meet his needs:

First, it is assumed that there is a limited number of common human problems for which all peoples at all times must find some solution. This is the universal aspect of value orientations because the common human problems to be treated arise inevitably out of human situation. The second assumption is that while there is variability in solutions of all the problems, it is neither limitless nor random but is definitely variable within a range of possible solutions. The third assumption . . . is that all alternatives of all solutions are present in all societies at all times but are differentially preferred (p. 10).

An instrument was developed by Kluckhohn and Strodtbeck which posed situations representing five possible orientations: human nature orientation, man-nature orientation, time orientation, activity orientation and relational orientation. The research was done with great care and there appear to be good reasons why the items on their interview schedule would be representative of value orientations as Kluckhohn has chosen to define them. In her definition, value orientations are:

definitely patterned principles, resulting from the transactional interplay of three analytically distinguishable elements of the evaluative process--the cognitive, the affective, and directive elements--which give order and direction to the ever-flowing stream of human acts and thoughts as these relate to the solution of "common human" problems (p. 4).

The procedure used in Kluckhohn's research infers from particularized situations the existence of the value orientations. Schneiderman (1964) used this method to test whether or not chronically impoverished persons in this society share a distinctive life style. Turner (1964) sought to ascertain if those clients tending toward the relational orientation should be exposed to specific kinds of treatment procedures in casework.

No studies were found in which social worker respondents evaluated the orientations as formulated by Kluckhohn and Strodtbeck. Their questionnaire is long and involved. It might easily be contaminated by the kind of knowledge and awareness characteristic of the

typical social worker. The instrument seemed inappropriate for this research project partly due to its unwieldy construction. The central focus upon operational values also has made it unsuitable as an instrument to measure the attitudes about the abstractions themselves where the goal has been to relate the general to the particular.

Other ways have been devised to test value orientation where the focus has been upon a single determinant. Harold and Gladys Anderson developed the Incomplete Stories Test (1962) to show qualities in human relating which persons regarded as necessary, important or traditional. Some studies (Kidneigh and Lundberg, 1958, p. 57-61; Koepp, 1963, p. 37-43) have picked authoritarianism as a central value to be measured, using personality scales to infer this attribute. These latter two studies sought to show that social workers were significantly different from other professions in attitudes that would suggest a greater inclination toward liberalism or permissiveness as contrasted with authoritarianism..

Still another mechanism to measure values was developed by Torrence and Meadows (1952) who used foreign observers to describe "American Culture Themes" and uncovered five total culture preferences in this society. They concluded that, in general,

Americans love practicality; mechanization, organization, and efficiency; Americans insist on standardization; Americans prefer individualism and freedom from authority; and Americans are fond of bigness and quantity.

The study failed, of course, to identify significant sub-groups which could be at variance with these general preferences. So encompassing are these generalizations that individual values which might form these attitudes have been lost. This approach was not designed to reveal individual differences in values within our culture.

Rogers (1964) contended that man might well find an "organic valuing base within himself," and he hypothesized that it would be "characteristic of the human organism to prefer actualizing and socialized goals when exposed to a growth promoting climate" (p. 166). He postulated that values of human beings would not run a full gamut of possibilities, and, rather, man would tend "to value those objects, experiences, and goals which make for his own survival, growth and development, and for the survival and development of others" (p. 167). Even if the argument that Rogers sets forth is valid, it still remains a reality that present day individuals do think differently about the nature of things. A scale designed to measure degree of adherence to formulations set out by Rogers would fail to account for the existing divergent points of view except to consider them superficial differences of opinion about meaning.

An acceptable scheme for classifying value was developed in the work of Charles Morris (1956) and reported in his book, Varieties of Human Value. This scheme has proved adaptable for purposes of the present research study. Morris asked respondents to

rate "conceptions of the good life" which he was eventually able to incorporate into thirteen distinguishable descriptions. He administered a questionnaire to a widely scattered sample of many thousands of people, including many respondents from other cultures outside the United States. Most of those who did complete the questionnaire were college students or persons of comparable educational level. He obtained ratings and rankings of each of the thirteen "Ways to Live" which he subsequently subjected to a factor analysis. The thirteen Ways may be considered fragments or aspects of what are variously called "world views," "philosophies of life," or "value orientations." Morris believes that this list is quite comprehensive and thus the derived factors are representative of substance.

WAYS TO LIVE

WAY 1: In this "design for living" the individual actively participates in the social life of his community, not to change it primarily, but to understand, appreciate, and preserve the best that man has attained. Excessive desires should be avoided and moderation sought. One wants the good things of life but in an orderly way. Life is to have clarity, balance, refinement, control. Vulgarity, great enthusiasm, irrational behavior, impatience, indulgence are to be avoided. Friendship is to be esteemed but not easy intimacy with many people. Life is to have discipline, intelligibility, good manners, predictability. Social changes are to be made slowly and carefully, so that what has been achieved in human culture is not lost. The individual should be active physically and socially, but not in a hectic or radical way. Restraint and intelligence should give order to an active life.

WAY 2: The individual should for the most part "go it alone," assuring himself of privacy in living quarters, having much time to himself, attempting to control his own life. One

should stress self-sufficiency, reflection and meditation, knowledge of himself. The direction of interest should be away from intimate associations with social groups, and away from the physical manipulation of objects or attempts at control of the physical environment. One should aim to simplify one's external life, to moderate those desires whose satisfaction is dependent upon physical and social forces outside of oneself, and to concentrate attention upon the refinement, clarification, and self-direction of oneself. Not much can be done or is to be gained by "living outwardly." One must avoid dependence upon persons or things; the center of life should be found within oneself.

WAY 3: This way of life makes central the sympathetic concern for other persons. Affection should be the main thing in life, affection that is free from all traces of the imposition of oneself upon others or of using others for one's own purposes. Greed in possessions, emphasis on sexual passion, the search for power over persons and things, excessive emphasis on intellect, and undue concern for oneself are to be avoided. For these things hinder the sympathetic love among persons which alone gives significance to life. If we are aggressive we block our receptivity to the personal forces upon which we are dependent for genuine personal growth. One should accordingly purify oneself, restrain one's self-assertiveness, and become receptive, appreciative, and helpful with respect to other persons.

WAY 4: Life is something to be enjoyed--sensuously enjoyed, enjoyed with relish and abandonment. The aim in life should not be to control the course of the world or society or the lives of others, but to be open and receptive to things and persons, and to delight in them. Life is more a festival than a workshop or a school for moral discipline. To let oneself go, to let things and persons affect oneself, is more important than to do--or to do good. Such enjoyment, however, requires that one be self-centered enough to be keenly aware of what is happening and free for new happenings. So one should avoid entanglements, should not be too dependent on particular people or things, should not be self-sacrificing; one should be alone a lot, should have time for meditation and awareness of oneself. Solitude and sociality together are both necessary in the good life.

WAY 5: A person should not hold on to himself, withdraw from people, keep aloof and self-centered. Rather merge oneself with a social group, enjoy cooperation and companionship, join with others in resolute activity for the realization of common goals. Persons are social and persons are active; life should merge energetic group activity and cooperative group enjoyment. Meditation, restraint, concern for one's self-sufficiency, abstract intellectuality, solitude, stress on one's possessions all cut the roots which bind persons together. One should live outwardly with gusto, enjoying the good things of life, working with others to secure the things which make possible a pleasant and energetic social life. Those who oppose this ideal are not to be dealt with too tenderly. Life can't be too fastidious.

WAY 6: Life continuously tends to stagnate, to become "comfortable," to become sicklied o'er with the pale cast of thought. Against these tendencies, a person must stress the need of constant activity--physical action, adventure, the realistic solution of specific problems as they appear, the improvement of techniques for controlling the world and society. Man's future depends primarily on what he does, not on what he feels or on his speculations. New problems constantly arise and always will arise. Improvements must always be made if man is to progress. We can't just follow the past or dream of what the future might be. We have to work resolutely and continually if control is to be gained over the forces which threaten us. Man should rely on technical advances made possible by scientific knowledge. He should find his goal in the solution to his problems. The good is the enemy of the better.

WAY 7: We should at various times and in various ways accept something from all other paths of life, but give no one our exclusive allegiance. At one moment one of them is the more appropriate; at another moment another is the most appropriate. Life should contain enjoyment and action and contemplation in about equal amounts. When either is carried to extremes we lose something important for our life. So we must cultivate flexibility, admit diversity in ourselves, accept the tension which this diversity produces, find a place for detachment in the midst of enjoyment and activity. The goal of life is found in the dynamic integration of enjoyment,

action, and contemplation, and so in the dynamic interaction of the various paths of life. One should use all of them in building a life, and no one alone.

WAY 8: Enjoyment should be the keynote of life. Not the hectic search for intense and exciting pleasures, but the enjoyment of the simple and easily obtainable pleasures: the pleasures of just existing, of savory food, of comfortable surroundings, of talking with friends, of rest and relaxation. A home that is warm and comfortable, chairs and a bed that are soft, a kitchen well stocked with food, a door open to the entrance of friends--this is the place to live. Body at ease, relaxed, calm in its movements, not hurried, breath slow, willing to nod and to rest, grateful to the world that is its food--so should the body be. Driving ambition and the fanaticism of ascetic ideals are the signs of discontented people who have lost the capacity to float in the stream of simple, carefree, wholesome enjoyment.

WAY 9: Receptivity should be the keynote of life. The good things of life come of their own accord, and come unsought. They cannot be found by resolute action. They cannot be found in the indulgence of the sensuous desires of the body. They cannot be gathered by participation in the turmoil of social life. They cannot be given to others by attempts to be helpful. They cannot be garnered by hard thinking. Rather do they come unsought when the bars of the self are down. When the self has ceased to make demands and waits in quiet receptivity, it becomes open to the powers which nourish it and work through it; and sustained by these powers it knows joy and peace. To sit alone under the three and the sky, open to nature's voices, calm and receptive, then can the wisdom from without come within.

WAY 10: Self-control should be the keynote of life. Not the easy self-control which retreats from the world, but the vigilant, stern, manly control of a self which lives in the world, and knows the strength of the world and the limits of human power. The good life is rationally directed and holds firm to high ideals. It does not expect social utopias. It is distrustful of final victories. Too much cannot be expected. Yet one can with vigilance hold firm the reins to his self, control his unruly impulses, understand his place in the world, guide his actions by reason, maintain his self-reliant independence. And in this way, though he finally perish, man can keep

his human dignity and respect, and die with cosmic good manners.

WAY 11: The contemplative life is the good life. The external world is no fit habitat for man. It is too big, too cold, too pressing. Rather it is the life turned inward that is rewarding. The rich internal world of ideals, of sensitive feelings, of reverie, of self-knowledge is man's true home. By the cultivation of the self within, man alone becomes human. Only then does there arise deep sympathy with all that lives, an understanding of the suffering inherent in life, a realization of the futility of aggressive action, the attainment of contemplative joy. Conceit then falls away and austerity is dissolved. In giving up the world one finds the larger and finer sea of the inner self.

WAY 12: The use of the body's energy is the secret of a rewarding life. The hands need material to make into something; lumber and stone for building, food to harvest, clay to mold. The muscles are alive to joy only in action, in climbing, running, skiing and the like. Life finds its zest in overcoming, dominating, conquering some obstacle. It is the active deed which is satisfying, the deed adequate for the present, the daring and adventuresome deed. Not in cautious foresight, not in relaxed ease does life attain completion. Outward energetic action, the excitement of power in the tangible present--this is the way to live.

WAY 13: A person should let himself be used. Used by other persons in their growth, used by the great objective purposes in the universe which silently and irresistibly achieve their goal. For persons and the world's purposes are dependable at heart, and can be trusted. One should be humble, constant, faithful, uninsistent. Grateful for the affection and protection which one needs, but undemanding. Close to persons and to nature, and secure because close. Nourishing the good by devotion and sustained by the good because of devotion. One should be a serene, confident, quiet vessel and instrument of the great dependable powers which move to their fulfillment.

It was believed that some of the ways had common attributes.

Consequently, Morris obtained the collaboration of a mathematician,

Lyle V. Jones, and between them a factor analysis was run with the

idea of condensing the original thirteen variables into a smaller number of factors (1955, p. 254). The result was to reduce the thirteen ways to five independent dimensions--both orthogonal and oblique rotations were used to obtain these dimensions. These final five factors were believed by Morris to represent a domain which could be interpreted as value space. They were not mutually exclusive nor were they entirely consistent, but one could classify them as independent. This has proved to be the kind of representation of "conceived values" (p. 7 of this report) that was needed for the purposes of the present research project. The written formulations of these factors were incorporated in full for inclusion in the present study questionnaire and the only changes to their wording were to eliminate some ambiguity. (See appendix for the questionnaire items.)

Various of the "Ways to Live" were found to be associated with one or the other of the five dimensions of value as produced in this factor analysis by Morris and Jones. Below listed are the five factors and their related Ways with appropriate reference to the written description included in the appendix.

FACTOR A - Social Restraint and Self-Control

Ways: 10, 1, 3, and 4 (Construct I in appendix)

FACTOR B - Enjoyment in Action

Ways: 5, 12, 8, 10, 2, and 11 (Construct II in appendix)

FACTOR C - Withdrawal and Self-Sufficiency

Ways: 9, 2, 11, and 6 (Construct IV in appendix)

FACTOR D - Receptivity and Sympathetic Concern

Ways: 13, 3, 10, 5, 2, and 4 (Construct V in appendix)

FACTOR E - Self-indulgence (or Sensuous Enjoyment)

Ways: 4, 12, and 3 (Construct III in appendix)

It was in the book, Varieties of Human Value, that Morris fully described the process used to derive the five value dimensions. The book appeared in 1956 and subsequently reviews of it were published in six scientific and professional journals. Writing in Social Forces, Kolaja (1957) said,

This is an amazing study. It is amazing because it is the result of research carried out over a decade by a professional philosopher. It is amazing because of the notion that values are something almost tangible, something which cannot only be measured by also constructed as a three dimensional model (p. 88).

Goldsen (1957) in the American Sociological Review expressed admiration for the statistical sophistication and skill which went into the body of the factor analysis, but she questioned the appropriateness of factor analysis for non-metric materials. She concluded however that the five factors were properly obtained. A review in the American Anthropologist by Ladd (1957) granted the reliability of the results, but he tended to seriously question the validity. He felt that it would be particularly risky to use these value constructs to predict some feature of behavior. He referred to the apparently

abortive attempts of Morris to relate these "conceived values" to behavioral manifestations. One theme seems to run through the reviews--that all seemed to express confidence in the factor analytic procedures utilized. The five factors do indeed appear to be an appropriate representation of the original thirteen "Ways to Live."

In summary, by means of a review of available literature, it has been possible to identify a set of independent value orientation factors that could be used to measure conceptual attitudes of the social worker respondents. Value along these dimensions will be scaled and quantified with the ultimate goal of relating it to the "set" of the social worker preparatory to diagnosis of a family in state of crisis. It will be the goal of the research to determine whether the pre-encounter state of mind is related to or thus dependent upon the conceived values measured in this study.

The abstractions utilized as constructs employ terminology which may lend itself to some variation of interpretation. This is the principal risk in this form of research. They are constructs deliberately chosen because they do not directly suggest the more pragmatic orientations that might be manifestly aligned with social work ethical standards. It is assumed that by and large these formulations will measure what Morris has suggested that they measure.

III. DEVELOPING A SET OF DIAGNOSTIC CRITERIA RELEVANT TO THE FAMILY IN CRISIS

The theoretical position for conceiving the model diagnostic situation was set forth in Chapter II so this section will be limited to a description of the procedure utilized in developing a measuring device to obtain relevant information from the social worker respondents. It has been assumed that our inquiry of the social workers in question would be directed to them in that psychological state which would be preparatory to an encounter with a family. The probability that respondents might be guided by a background of experience in diagnosis of families in crisis was to be expected, but it was likewise possible that some respondents might have no more than a theoretical understanding of the problem of family crisis. The stance of our respondent would be that of the person in the pre-encounter stage of the act of diagnosis. This is to conceive of diagnosis as an act in itself and of the act structured in the terms of Mead (1938). He has seen the human being as becoming aware of possibilities internally and subsequently developing a relation with the environment through perception. There is a mental state before the actual encounter in Mead's system which is influential even though interaction and modification are to take place after. It is the "before" perspective which is being considered at this time.

In review of research where attempts have been made to list

variables relevant to family diagnosis, one becomes impressed with the magnitude of such an undertaking. No recognizable consistency seems to have emerged in the findings. Parsons and Bales (1961) set forth some ninety-eight variables relevant to family diagnosis when seen from the perspective of the theory of marriage roles. Tharp (1963) reduced these to twenty-two factors through factor analytic techniques. Mitchell (1963) applied the Kaiser Interpersonal Check list to marital pairs and ultimately reduced the 128 items on that inventory to sixteen independent dimensions. Ehrenwald (1963) described thirty traits and attitudes observed in the family, and it was his conclusion that these were rather discrete diagnostic variables. These research efforts (along with others reviewed) seemed to represent expansion of perspective only within a theoretical framework espoused by the respective authors.

It has seemed that a value judgment has already been made by the researchers in most cases and they have sought to integrate criteria within a certain kind of operational system. Geismar and LaSorte (1964) have been among the leading advocates of theoretical and conceptual clarity in family diagnosis, but they clearly have a value base underlying the approach they espouse. In their work relative to the multi-problem family, they have viewed disorganization of the family as primarily social in nature and, indeed, such that background factors are also seen as primarily emanating from

social interaction. Their conceptual analysis and subsequent research has set the entire problem of family diagnosis into a functional perspective. Haley (1962) has been frank in admitting to holding basic assumptions which he considers essential to family study. He conceives of patterns unique to the family which themselves influence and are in turn influenced by all members of the family group.

Representations of the attributes of family situations as variables in this study were evolved through a process that began with a list of items developed and reported by Brim, Fairchild, and Borgatta (1963). Individuals representing some 448 families were called upon as respondents in their research project and each was to specify problems that were present in their respective families. No effort was made by the researchers to distinguish the relative importance of these stated problems as to generalized family pathology except to determine correlation of items with multiple problem families. There were some twenty-five problems specified as items in the study and it was ultimately possible to merge some of these in light of the results of the factor analysis performed on the data. An adaptation of the original list which appeared in the Brim, et al. research was developed as a preliminary set of variables for the present study. These consisted of some twenty items which effectively can be taken to represent problem areas or stress points as

identified by actual families.

One must recognize that what families list as problem areas in their own perception may differ from what social workers deem important from a diagnostic point-of-view. The list as derived from the research by Brim and his colleagues does provide a beginning basis for identifying parts of the family system which apparently become vulnerable to stress and manifest some dysfunction. The original list of items was collected into a questionnaire which was administered to ten respondents who completed the questionnaire and subsequently served as judges in evaluation of the items. Each of those who were among this group was interviewed to obtain his subjective impression of the list of items. The portion of the preliminary questionnaire subjected to this evaluatory process is shown below:

HYPOTHETICAL - The Jones family consists of a husband and wife, both 36 years old. They have two children, ages 4 and 13, who live with these parents in a suburban home. This husband and wife are now contemplating divorce after a fifteen-year-old marriage, but they are first seeking counseling from you who are serving as their marriage counselor. The crisis in the family has grown to the point that there is constant argument between Mr. and Mrs. Jones. The children are showing considerable nervousness.

Of the following, which would be most important to know about this family?

- A Character of peer group affiliations entered into by both parents and children.

- B Relationship of family to religious faith or other such organization.
- C Recreation and leisure time patterns of members of the family.
- D Possible impact of physical health problems of any members of the family.
- E Patterns of family time schedule as it affects amount of interaction.
- F Standards of housing and housekeeping usual for the family.
- G Discipline of the children as carried into practice by each parent.
- H Character of and meaning of father's employment to the family.
- I Extent of tenseness and low morale in the family.
- J Income available to the family in relation to need.
- K Possibility of use of drugs or intoxicants by either or both parents.
- L Character of the emotional bond between husband and wife.
- M Pattern of distribution of family responsibilities among members of the family.
- N Character of and meaning of mother's outside activities or employment.
- O Adjustment to school or nursery school by either or both of the children.
- P Character of affectional relationships between each parent and each child.
- Q Character of and meaning of aesthetic things in relation to the family members.

- R Extent of participation in community affairs by members of the family.
- S Character of and meaning of extended family influence on the basic family unit.
- T Individual adjustment and developmental influences of each family member.

Part of the orderly approach to developing a measure of each item's importance was to obtain an evaluation of the above listed items from a group of people who could judge each's relative adequacy as constructs in the final questionnaire. It was thus possible to use one operation to gauge the relative effectiveness of the questionnaire as a measuring instrument while at the same time using the respondents as aides in the modification of the diagnostic criteria items. There was a very deliberate process of selection involved in choosing those who would assist in this process. It was believed necessary to find persons of varying backgrounds who could represent the widest range one might find among a cross-section of social workers. The aim of the procedure for assessment of these items would be to develop them into comprehensible diagnostic variables that would be understood by social workers regardless of their level of sophistication. After each respondent had completed the questionnaire, an interview was arranged to allow each of these persons to provide a critique of the instrument as a measuring device. Table I is a profile of the respondent group which participated in the

process of developing the final measuring instrument.

TABLE I
PROFILE OF RESPONDENTS IN QUESTIONNAIRE
EVALUATION PROCESS

Age	Sex	Marital Status	Years of Social Work Experience	Present Area of Social Work Practice	School of Social Work Attended
31	F	Married	7	Casework	Portland State
28	M	Married	5	Casework	Portland State
31	M	Married	6	Casework and Group Work	Portland State
32	M	Married	6	Casework	Portland State
30	F	Married	0	-	No Social Work Training
31	M	Married	4	Casework	Portland State
37	M	Married	9	Administration	Portland State
29	F	Single	0	-	No Social Work Training
34	M	Married	8	Administration	University of Washington
39	F	Married	16	Casework and Group Work	Portland State

From the responses received in interviews with the above described respondents, it was possible to modify the format and

scaling in the questionnaire and this will be described in Section IV of this chapter. Perhaps more important was the contribution these individuals provided in helping to produce some comprehensive changes in the list of diagnostic items.

The original list of items was introduced to respondents in connection with a hypothetical situation. This seemed to structure the stimulus situation too much for those responding and it was believed best that the diagnostic problem be described simply as a time of crisis for a family. It was thought probable that all social workers would have some concept of what this might mean, and differences in perspective would be a diffuse function of variant conceptualization rather than confusion over the fine points as of a hypothetical situation. Error should tend to balance out.

It was deemed feasible after the evaluation by the judges to keep the following items with only slight modifications: A, B, C, E, G, L, and T. Eliminated or incorporated into more general variables were: D, I, J, K, and P. Two items proved to be divisible for more effective analysis of family problems--F and S were broken down into qualities that were at once parts of their original problem area but having wider significance. M was incorporated with F in one item designed to represent the character of cooperative functioning in the family. H and N were combined into a single item which was more effective as a single representation of activity. R and O

likewise were best combined into a broader item which could concern the activity of any individual in the family group.

Besides providing the rationale for changing the above items, respondents in the evaluation inquiry were instrumental in suggesting some dimensions of family diagnosis that had been omitted by the original listing. These would be in the realm of subjective or impressionistic perspective that would prove to be indispensable in practice. Basic to this was the general criticism that the original items had a totally negative focus and thus failed to provide a means for recognizing the strengths of a family. The ideas for these additional items came from discussion with the respondents, but this study is indebted to the work of Otto (1963) for an enunciation of some of these in a more meaningful way. Added to the list of diagnostic factors were the following items which seem to provide a range of criteria in a positive dimension to balance the predominance of problem-centered criteria as found in the original listing. The items listed below were added to the original revised group.

Degree to which the family and its members are capable of self-help and are able to make effective use of help when appropriate.

Level of insight manifest by family members as to the genesis and development of the disequilibrium of the family.

Character of communication pattern between members of the family.

Extent of mutual sensitivity to needs of others in the family.

Extent of family involvement in group activities that lead to satisfying experiences for individuals in the family.

Degree to which family members provide support, security, and encouragement to one another.

Level of intellectual ability and educational attainments of members of the family.

Degree to which family members share in mutual gratification including sex, play, etc.

Degree to which family maintains mutual respect for individuality of family members.

Extent of conflict characterizing family at time of assessment.

As can be seen by the discussion above, the development of this latter section of the study was an evolutionary process. There was a starting point with the family problem areas specified by actual family groups. Modification of this was aided by a knowledgeable group of respondents who were called upon to evaluate this listing of stress points as diagnostic phenomena. Refinement was the product of the investigator's interpretation of the commentary received so it was in fact a three-way interplay (original items \longleftrightarrow test respondents \longleftrightarrow evaluatory interview.) The result is a wide range of factors applicable to the procedure of diagnosing of a family in crisis. The respondents in the final study sample would be presented a list of items likely to be widely representative if not entirely comprehensive.

IV. PROCEDURE IN SECURING DATA FROM THE SELECTED SAMPLE

Having developed sets of items that seemed suitable for securing the kind of attitudinal information needed in this exploratory study, it was next necessary to secure responses from a sample population which would be likely to provide meaningful information. It was concluded that the use of a questionnaire administered to a representative segment of the social work population would be the most feasible means of data gathering.

The idea of selecting out a group of respondents from a particular social agency was rejected because it was felt that responses might be tailored to the stated philosophy of the agency itself. The study was designed to allow a range of choice in value dimensions that might be limited if it were believed that agency administration could have access to the results. Members of the pre-test group pointed out that there was a tendency to look for socially desirable responses in rating the value orientation dimensions because the raters were not anonymous. It was believed necessary that respondents consider themselves effectively anonymous in their response to this inquiry.

It was decided that this study would use a mail-out questionnaire directed nationwide to a random sample of social workers. This data gathering procedure would necessarily limit the study to a

consideration of overt responses as manifested by choices elicited by the research instrument. Lost would be the information one might derive by observing the behavior of the respondents and it would not be possible to clarify the instructions on the questionnaire when there would be misunderstanding. McDonagh (1965) contends that the interview is only necessary when researchers are looking for reasons beyond the responses. His study compared the results of mail-out questionnaire and subsequent structured interviews--he found no significant difference between those who responded to the mail-out questionnaire and those who did not. Where, as in the present study, the overt attitudinal responses are the maximum that is being sought, it is not necessary to conduct an inquiry that goes beyond the outward response.

In comparing the portions of a sample that "did" and "did not" respond to a questionnaire to ascertain the character of mail-back bias, Kivlin (1965) found that mail-back bias "appears to be a broad, fairly uniform factor that cuts across socio-economic and other research variables and may not disturb the relationship among the variables being investigated" (p. 323). Ellis (1947) attempted to test the difference between mailed questionnaires and the interview procedure. In general, he found no difference, but he noted some advantage to the questionnaire as a general procedure because of the constancy of its stimulus. The effect of these studies is to suggest

that a properly developed questionnaire can be effective as a data gathering device. It is neutral, has little coercive effect and can be an inoffensive collector of information. As Morgan (1959) suggests, the questionnaire must be carefully worked out so that unconscious distortion of data does not occur. If its potential as an objective measuring device is to be achieved, great heed must be given to the semantics of questionnaire construction. It is easy for the researcher, even in the mail-out questionnaire, to impose his own values on the respondents--but perhaps it is easier to avoid contamination by using such an instrument rather than the interview.

Effective use of the questionnaire method will depend upon the degree that the sample population can understandably respond to it. Mark (1958) has enunciated the assumptions that are made when a mail-out questionnaire is utilized to collect data:

First of all, every respondent is presumed acquainted with all the facts desired. Then his competence as a source of data is assumed; and this implies integrity, general intelligence, ability to catch the import of the questions and to answer them in the form required. His willingness to reply in writing and his possession of the requisite initiative are also assumptions of the request. Finally, since all projects have time limits, some reasonable degree of promptness in replying is expected of him (p. 233).

One must indeed be sure to establish the ability of the sample population to understand the items in the study. The general standards of the National Association of Social Workers (1965) stipulate specific educational requirements and this was the population from

which the sample was drawn. Full members are defined by the by-laws as follows:

Any person who has completed before 1950 the prescribed course of study in, or after 1950 received a master's degree or a doctor's degree from, a graduate school of social work accredited by the Council on Social Work Education or, prior to June 30, 1952, by the American Association of Schools of Social Work, shall be eligible for membership in the Association (p. 7).

One could legitimately anticipate that a group thus qualified would be able to comprehend the meanings suggested by the written descriptions in the questionnaire. There is no guarantee of a uniform capacity for comprehending the language and the degree of error to be introduced through the ambiguity of the constructs must be considered a matter for speculation.

It has been made clear in earlier sections of this research report that social workers were selected to be the respondent population because social work is a profession whose members are believed capable of engaging in clinical practice with families (Satir, 1964). A random sample of respondents selected from the list of members of the professional organization might well fail to produce persons all of whom have equal exposure to families, but the fact that there is a common background of training in schools of social work or commensurate equivalent education by experience would seem to provide a common identity. All members are expected to subscribe to a Code of Ethics, and a Working Definition of Social

Work Practice (Bartlett, 1958) has been developed which sets forth knowledge and values that are believed to guide the profession. It is suggested in the working definition that a social worker is expected to have some relevant knowledge concerning the individual and his social environment. And, specifically, it can be said that the family has long been regarded as a social institution particularly within the province of the social work practitioner (Briar, 1966). The random sample of NASW members would then include much diversity as well as the degree of homogeneity that has been described above. There should be sufficient variety of setting and orientation that a fairly comprehensive indicator of attitudes in the total profession should be measured.

A random sample was obtained by reference to the 1966 Directory of Professional Social Workers which is a publication of the National Association of Social Workers. There are 992 pages in the directory and each page lists alphabetically between forty-five and seventy names. The procedure adopted for obtaining a list of names that would constitute a completely random sample was to utilize a table of random digits. A book by Mosteller, Rourke, and Thomas (1961) had a table with some 500 sets of five digit random numbers (p. 430). Selection of 300 of these was made by the very simple method suggested by the authors, "Merely start at the beginning of the table and continue systematically until you have used as

many digits as your problem requires" (p. 106). The first three digits of each five digit number was used to designate the page in the directory from which a name was to be taken. The other two digits were to indicate the number showing how far down the list of names on the page one should go to select the name of the person to be asked to respond.

Included in the directory along with names and addresses is some relevant information about the social workers listed. The kind of degree that they have (M. S. W. , M. S. S. , Ph. D. , etc.) together with the year in which it was awarded to them are included. So is the name of the school from which they graduated. The place of employment is shown for most of the names listed. Of course, since this was a national directory, the sample group came from all over the United States. So that some information could be obtained about those who would fail to respond as well as about those who would render their cooperation, the investigator proceeded to list all information shown about each person whose name was selected out to receive a questionnaire. The envelopes included for return of the questionnaire were then coded so that when they were sent back by the respondents, they could be identified and comparisons could be made between the group who completed the questionnaire as opposed to those who for some reason did not respond. (See Chapter IV for the comparative information).

The questionnaire itself was designed to obtain information about the respondent as well as about his attitudes. (The text of the questionnaire may be found in the appendix.) One might anticipate that some relationship could well exist between factors suggested by the personal information requested in Section I and various of the value orientation dimensions. The study is not committed to any exhaustive analysis of these possibilities, but distributions of value preferences have been shown as they correspond to personal characteristics. Tables showing this descriptive material are included in Chapter IV and commentary regarding the identifiable trends supplements the statistical information.

In requesting respondents to rate value orientations in Section II of the questionnaire, the items have been labelled as "philosophical constructs." This is to suggest that these are more than a conglomerate of values arbitrarily put together, but rather that they are systematically derived traits of personal philosophy forming a basis for adherence to certain values. The model of Morris (1956) has been followed for the scaling of the philosophical constructs, but there has been a change in the way the respondent is asked to look upon the trait in question. In the original questionnaire where Morris sets out the thirteen ways to live, his instructions are as follows:

Below are described thirteen ways to live which various persons at various times have advocated and followed.

Indicate by numbers which you are to write in the margin how much you yourself like or dislike each of them. Do them in order. Do not read ahead.

Remember that it is not a question of what kind of life you now lead, or the kind of life you think it prudent to live in our society, but simply the kind of life you personally would like to live (p. 15).

In the present study, respondents have not been asked to rate or rank the original thirteen "Ways to Live" and thus some change in the way of conceiving the items has seemed appropriate. These five items are traits or qualities that could exist in combination to form a system of personal philosophy. Instructions have modified from that asked for by Morris to include the following wording:

"Encircle the letter to the immediate right of each item to indicate how much you personally would like the trait described to characterize the kind of life you would like to live." (See appendix) The traits become descriptive in appropriately varying degrees of any uniquely incorporated philosophical system.

In the studies by Morris, scales of from 1 to 7 were used consistently to represent the degree that the respondent could say that he liked the "Way to Live" being rated. After the rating had been assigned to each of the thirteen items, the respondents were asked to rank them in consecutive order--again according to how much or how little they were liked. A procedure very much like that

utilized by Morris has been employed in this research study. The scale runs along the same 1 to 7 continuum except that letters are used for the scale rather than numbers. The respondents in this study were also asked to rank the five items in consecutive order.

Part Three of the questionnaire lists the various diagnostic factors and provides a means of rating them along a continuum of importance. Scaling of these twenty-six variables employed an approach that proved to be successful in application. The pre-test had shown that it was practically impossible for the respondents to effectively rank items when the number ran up to twenty or more. A comparison of one to the other had proved to be time consuming and almost impossible to perform accurately. The spatial procedure in the final questionnaire provided for ordering the items into both a rating and ranking along a continuum ranging in degrees from extremely important to extremely unimportant. The advantages of scores according to general preference for an item were combined with a method of obtaining forced choices between items. No ties would be possible.

The respondents were being asked to scale items along a different dimension in Part Three than in Part Two--instead of the degree of liking for the items, it was to be the degree of importance. Webster's New Collegiate Dictionary (1960) says "importance" means, "Quality or state of being important; consequence; moment;

weight; significance. (Also import or meaning)" It is taken to mean the quality or character of that which impresses one as of great worth, influence, or the like. Importance implies a judgment of the mind which ascribes superiority of this sort to a person or thing. The importance or unimportance was to be attached to an abstract object in relation to an entity yet not individualized from a class of such entities.

It was deemed feasible that a quality judgment be made of every diagnostic variable--whether it would be in fact considered important or unimportant. The spatial scale was divided into two distinct parts so that the scale would permit this distinct choice. This is where the assessment differs rather markedly from the valuation of philosophical constructs in Part Two. In the case where one specifies between like and dislike, there can be the middle neutral ground. To distinguish between important and unimportant allows for no such middle ground, but it is still conceivable that one might find an item that would fit between such categories as slightly important and slightly unimportant. It is not conceivable that a person could identify a variable as being both important and unimportant for a specific purpose. Therefore, in setting up a middle area between those variables not considered either slightly important or slightly unimportant, the area within that middle sector is positive or negative--to indicate whether the variable leans either in the

direction of being important or unimportant in the mind of the respondent.

There were four degrees of importance and four comparable degrees of unimportance. These separate areas along the scale were capable of being represented by the numbers from one to seven--and even finer numerical representation was ultimately possible. Thus, a rating of an item as extremely important would merit the ordinal numerical representation of 6, and the space the item occupied within the area would be represented by a decimal from .1 to .9. A placing of an item midway within the area designated as representing extremely important would be numerically characterized as 6.5.

In working out a conceptual representation of the verbal meanings that the spatial areas were intended to designate, the investigator developed a rationale for use of each term used as guides along the scale. Following are the definitions which were assigned to these categories before the questionnaire was mailed out:

Extremely important signifies the area in which the person places the items considered of top importance and which without doubt are deemed important in his mind.

Moderately important signifies the area in which the person places the items of a degree of importance not quite as extreme or high as the top category.

Slightly important signifies the items which are just barely considered important.

Middle area - includes all items which cannot rank as slightly important or slightly unimportant. The items within this area are divided into two sub-areas in which the quality of importance or unimportance is distinguished, but in general it must be said of the items in this section that they are neither slightly important or slightly unimportant. They are simply not both important and unimportant.

Extremely, moderate and slightly unimportant would follow the designating features described of the upper three categories--but would be negative to correspond to unimportance. Unimportance is on the continuum in the sense that where a choice must be made between points of emphasis, some items can be more clearly seen as valueless than others.

One can see that the procedure for rating these items by arranging them spatially along the scale automatically provides for a discrete ranking of the variables. It is a ranking that avoids the confusion that would be attendant with other forms of comparing which would call for item by item comparison. It would seem that there would be no difference in the results.

The questionnaire was sent to 300 social workers selected according to the procedure outlined earlier in this section. The cover letter accompanying the questionnaire is reproduced in the appendix. The materials were mailed out on February 9, 1967 and a deadline date was set at March 1, 1967. This was to encourage immediate attention to the questionnaire. As it turned out, 146 of the questionnaires were received back on or before March 1. Table II shows the rate of return in successive weeks after the mail-out.

TABLE II
QUESTIONNAIRE RETURN BY SUCCESSIVE WEEKS

February 10, 1967	All questionnaires in the mail
February 17, 1967	4 questionnaires returned
February 24, 1967	80 questionnaires returned
March 1, 1967	62 questionnaires returned
March 8, 1967	21 questionnaires returned
March 15, 1967	10 questionnaires returned
After March 15, 1967	8 questionnaires returned
Total	185 Questionnaires returned

As has been suggested in review of the methodology, the approach to inquiry has been to utilize an empirically and logically derived research instrument to obtain certain limited information from a special group of respondents. The following chapter describes the respondents and makes some comparison with those who did not send back the questionnaire. In Chapter V, the scores derived from the subjective appraisals of the respondents have been reduced to quantified terms and the results of the statistical analysis are presented.

CHAPTER IV

CHARACTERISTICS OF THE SOCIAL WORKER RESPONDENTS

As has been suggested earlier in this research report, the construct validity of the results of this study is dependent in part on demonstrating the relevance of certain constructs. The construct validity of the results is also dependent on the kinds of persons who filled out the questionnaires. The characteristics of respondents independent of their responses to Part Two and Part Three of the questionnaire should provide some evidence in support of the construct validity of Part Two and Part Three.

The sample is drawn from a population of some 64,000 social workers in this country. Within the limits of random sampling, those sampled reflect the characteristics and attitudes of social workers as a total group. The principal value of the enumeration of the personal data of the sample group as presented in this chapter is to help reveal the existence of any trends that might suggest where characteristic value configurations might be associated. It was planned that respondents would give information about qualities that might produce ethical or ideological patterns.

The data were collected together and reported as absolute

quantities. Where significant percentages should be taken note of, these are identified in the accompanying text.

I. A COMPARISON BETWEEN THOSE WHO COMPLETED THE QUESTIONNAIRE AND THOSE WHO FAILED TO RESPOND

Total mail-out of this questionnaire was to a sample of 300 social workers drawn randomly from the 1966 directory of NASW. The mailing of the questionnaire was by regular first class mail, but the return envelope enclosed was marked Air Mail to encourage early response. The task set out for the respondents was not an easy one since the questionnaire would demand much thoughtfulness and introspection. An early deadline giving only three weeks for return was also a pressure put upon the sample population. Consequently, there were some impediments to the most full and complete response from those social workers being sampled.

Of the total number of questionnaires mailed out, 174 were returned completed in some way, although out of that number only 158 were ultimately useable in this study. Eleven questionnaires failed to reach the addressees because of insufficient address. These had evidently moved and no forwarding address was listed with the post office. Of the total mail-out only 115 questionnaires were unaccounted for (or evidently not returned out of some failure on the part of the respondent). This would amount to no more than 38% of

the total mail out. Of all questionnaires that actually reached respondents, a fairly healthy 62% return was obtained.

Table III presents a statistical description of the pattern of questionnaire responses by areas of social work practice in which the addressees were apparently engaged. Those involved in direct service as caseworkers constituted 127 of the sample and 97 of them returned their questionnaire for 75%. When taken as a proportion of the total number returning their questionnaire, casework practitioners engaged in direct service were again a relatively high 56% in spite of the fact that they were no more than 42% of the total mail out. Contrast this with the but 27 casework practitioners who did not return the questionnaire and who only constituted 23% of the non-participating group. This is a significant difference leading to the tentative conclusion that those involved in direct service to clients were the most willing to engage in this research--the project did deal in subject matter much more directly related to the kind of work that caseworkers regular encounter.

Those engaged in Casework Supervision had a return rate of 68% which is less than that of those involved in direct service, but not markedly so. Contrast the percentage of response by casework practitioner and his supervisor with the rate of return from the social worker much more detached from direct service to families. Sixty-three per cent of the social workers engaged in administration

TABLE III
COMPARISON OF RESPONDENTS AND NON-RESPONDENTS BY EMPLOYMENT SETTING

Employment Setting (As Listed in 1966 Directory)	<u>Returned Completed</u>	<u>Returned Filled-out Incomplete (Some item omitted)</u>	<u>Returned Retired, or other- wise did not reply</u>	<u>Returned Not seen by respondent (Moved or deceased)</u>	<u>Not Returned</u>
Direct Service in Casework	85	9	3	3	27
Direct Service in Group Work	6	1	0	0	5
Supervision in Casework	26	0	0	0	12
Supervision in Group Work	3	0	0	0	1
Community Organization Practice	9	0	0	0	10
Administration	17	0	1	2	35
Teaching Social Work	6	0	0	0	9
Other form of work setting (Including research, parent education, pediatric admin., boys home and other teaching)	2	1	0	0	7
Not Employed	4	0	1	0	--
Unknown (No listing shown in directory)	0	0	0	4	9
Deceased	<u>0</u>	<u>0</u>	<u>0</u>	<u>2</u>	<u>0</u>
Total	158	11	5	11	115

who received the questionnaire failed to respond. One might assume that they were pressed by other duties, but an equally plausible explanation might well be that research relating to practice problems has less appeal and that the questionnaire might be more likely to be taken seriously by the social worker actually engaged with family or client situations.

The advantage to this study that is suggested by Table III is that the problem posed most appealed to the person who can identify with the practitioner about to diagnose in a family situation. The study also becomes more relevant as it approaches a test of a "real life" situation.

Described by the statistics in Table IV is a comparison between those who returned the questionnaire and those who did not in terms of geographical distribution of the persons who were on the mailing list. The sample was nationwide and an international flavor was added by the inclusion of one Canadian addressee. Random selection from the NASW Directory did seem to provide an appropriate distribution of social workers to whom the questionnaire could be directed, but response from the various locales was not uniform.

Return of the questionnaire indeed seemed to vary from region to region, and sometimes the contrast was quite dramatic. Addressees living in the Far West states were most likely to have returned the questionnaire. The percentage of return from Oregon,

TABLE IV
COMPARISON OF RESPONDENTS AND NON-RESPONDENTS
BY GEOGRAPHICAL DISTRIBUTION

State	<u>Returned</u>		Not Returned
	<u>Completed and Usable</u>	<u>Incomplete or otherwise unusable</u>	
Alabama	0	0	1
Arizona	0	1	0
Arkansas	1	0	0
California	32	4	9
Canada	0	0	1
Colorado	5	0	3
Connecticut	1	1	1
Delaware	1	0	0
District of Columbia	1	1	1
Florida	0	1	1
Georgia	2	0	3
Illinois	11	3	9
Indiana	5	0	2
Iowa	5	0	0
Kansas	1	0	0
Kentucky	0	0	0
Louisiana	0	0	7
Maine	0	0	1
Maryland	4	0	2
Massachusetts	5	3	5
Michigan	5	0	1
Minnesota	3	0	4
Mississippi	0	0	1
Missouri	6	2	3
Montana	1	0	1
Nebraska	2	0	0
New Jersey	7	1	4
New York	20	2	26
North Dakota	1	0	0
Ohio	3	1	11
Oklahoma	1	0	0
Oregon	2	0	0
Pennsylvania	9	1	7
Rhode Island	2	0	1

TABLE IV (continued)

State	<u>Returned</u>		Not Returned
	<u>Completed</u> and usable	<u>Incomplete or</u> otherwise unusable	
South Carolina	0	1	1
Tennessee	2	1	2
Texas	6	1	5
Utah	1	1	1
Virginia	3	0	4
Washington	4	2	1
West Virginia	1	0	0
Wisconsin	6	0	1

California, Washington, and Montana reached 79% (none went to Idaho or Nevada). By way of comparison, the return from the states of the "deep South" was only 5 out of 24 for a mere 21% rate of response. This constitutes virtually an inverse relationship between the two areas.

The rate of return seemed to drop as the distance grew greater from Portland, and this gave rise to a speculation that the early deadline date might have been unrealistic for those who lived so far away. Some may have received the questionnaire too late to give it sufficient consideration before the date that they would have to send it back. In the two largest states in the nation, California and New York, social workers tended to have many points of similarity except that the former are in a neighboring state and the latter are across the continent. Despite the similarity of character, 78% of the

California social workers returned the questionnaire as opposed to a much more moderate 44% from the state of New York.

As a final comparison between the group returning the questionnaire and those from whom no response was received, there is information as to the date on which each of the addressees received a graduate degree (M. S. W., M. S. S., Ph. D., etc.). Of those members that were included in the sample, 97% had a qualifying graduate degree and the remainder were presumably admitted because of some special equivalent experience. While various other master's degree designations were represented, the M. S. W. was overwhelmingly the most frequently listed professional degree (207 of the addressees in the sample were so qualified). The sample appeared generally at about the same high educational level throughout, but the responsiveness to the present research study varied according to how long ago the graduate degree was received.

Of those social workers who had been awarded their professional degree sometime in the last fifteen years (1950-1965), 63% returned the questionnaire. The total number of this latter category was 183 as compared with 96 whose degree date was listed in the thirty years previous (1920-49). Of the older group, only 45% returned the questionnaire which constitutes a substantial drop in percentage and this could suggest that those who received their degree more than twenty-five years ago may be less inclined to participate

in this kind of research. These may also be the group who are employed in administrative work.

Seven out of the ten who had been accepted into membership without a qualifying graduate degree also failed to respond. Because of the small numbers involved, no conclusions even of a speculative nature are appropriate in this connection. Table V does run on a continuum with more recent graduates being more responsive as a group through the years with fewer and fewer of the addressees responding in older groups. Attaching the "non-degree" group on the end of this continuum seems appropriate.

TABLE V
COMPARISON OF RESPONDENTS AND NON-RESPONDENTS
BY YEAR OF GRADUATION

Graduated	Returned Completed and usable	Returned Incomplete or otherwise unusable	Not Returned
1960 - 1965	40	5	26
1955 - 1959	35	8	17
1950 - 1954	29	6	24
1945 - 1949	26	6	19
1940 - 1944	14	0	10
1935 - 1939	4	3	7
1930 - 1934	0	0	5
1925 - 1929	1	0	3
1920 - 1924	1	0	1
No Degree	2	1	7

II. RANKINGS OF PHILOSOPHICAL CONSTRUCTS ACCORDING TO RELEVANT PERSONAL ATTRIBUTES

The questionnaire was designed to provide respondents with an opportunity to rate each item listed according to the attitudinal favor or disfavor that the construct might generate. After the respondents had indicated their relative degree of liking for each of the philosophical constructs, they were then requested to make a forced choice between the five items by ranking them in relative order of preference. It was assumed that such a ranking of items would provide an indicator of preference that could be utilized in connection with qualitative information about the respondents. Personal factors would be set into context with value data to determine how the distribution of the sample across such statistical dimensions might relate to the choice along value or philosophical dimensions. Tables VI through X show the hierarchy of choice according to age group, sex and marital status, religious identification, kind of social work experience, and nature of present work setting.

One might well speculate that "conceived values" would play a part in the choice of the kind of work one ultimately prefers to do. It is also possible to conjecture that value orientation would be somewhat variable according to the age of a person. The life commitments such as one considers implicit in the marriage relationship might well be another factor that could be guided to some extent by

philosophical stance about life. The following tables should reveal any gross relationships that exist between some simple descriptive aspects of the respondents and the relative adherence to value orientations. The reporting of data about the respondents also provides information about the character of the sample which will be useful in evaluating the significance of the inferential findings.

The reader will find the five philosophical constructs reproduced in the appendix and so they will be numbered I, II, III, IV, and V in the tables to follow. Numbers of persons ranking each construct at a particular level have been tallied and totaled. Groupings at various levels in the distributions can be identified by inspection and appropriate commentary made.

Ranking of the philosophical constructs seemed to adhere to a fairly consistent pattern throughout regardless of the qualitative variable that was brought into focus in conjunction with it. One tended to find Philosophy Construct I to be most highly ranked with II just behind, and IV was generally in a close third place. III tended to be ranked somewhat further down the list and V was a definite last choice of respondents. This latter item was consistently ranked last by large numbers of the people completing the questionnaire. The affirmative choice of Philosophical Construct V might simply suggest an adherence to an orientation out of step with the bulk of social workers in this sample. Any more general conclusion

would need further testing if we were to seek to relate it to social work as a whole.

In Table VI two measures of the relative popularity of the five philosophy constructs are shown. One is the mean of the scores given on the ratings by the 158 respondents whose questionnaires

TABLE VI
RATINGS AND RANKINGS OF PHILOSOPHICAL CONSTRUCTS

Philosophical Construct		Mean Rating				
I	Social Restraint and Self-Control	5.297				
II	Enjoyment in Action	5.316				
III	Self-Indulgence or Sensuous Enjoyment	3.880				
IV	Withdrawal and Self-Sufficiency	5.051				
V	Receptivity and Sympathetic Concern	3.285				

Tallied Totals of Rankings					
	Rank: 1	2	3	4	5
I	49	53	25	23	8
II	47	40	41	22	8
III	9	15	41	48	46
IV	43	33	38	36	9
V	10	17	12	40	87

were included. A second measure is the totals of rankings taken consecutively for each of the constructs. The former is on a scale with the lowest possible being 1 and the highest possible being 7. The totals of rankings form a matrix in which the highest each number could possibly have attained would be 158--column or row totals will be this number which is the count of the number of respondent questionnaires counted in the sample.

All members of the sample were twenty-five years of age or older, and the largest single group was in the thirty-five to forty-four age range. Some of the respondents were over sixty-five, although three of these were no longer engaged in active practice. Gross differences between age groups in terms of philosophical preference did not seem to exist. There appeared to be a fairly consistent pattern of ranking in each age group with a few mild exceptions which will be mentioned.

The youngest age group (25-34) seemed to place slight emphasis upon the Philosophical Construct IV where stress is on the rich inner life of heightened self-awareness. The tendency to rank IV orientation high dropped with increasing age.

Somewhat less dramatic, but recognizable, was the trend in the thirty-five to forty-four age range to emphasize Philosophy Construct II. In this quality, stress is upon delight in vigorous action for the overcoming of obstacles. It was also in this thirty-five to

forty-four age range that the most strongly negative ranking was given to Philosophical Construct V. Upon inspection, in fact, one can see that between Philosophical Construct II and Philosophical Construct V, the orientation is somewhat antithetical. The latter tends to endorse a responsiveness to outside influences while the former emphasizes affirmative action in combat with obstacles.

Strong emphasis upon Philosophical Construct I was found among those forty-five or older. This construct tends to emphasize moral and conservative attitude. Seventy per cent of the persons in the over forty-five age range ranked I either first or second. This was generally the most popular construct.

There proved to be very distinct differences between men and women respondents in terms of marital status. There were sixty-three men among those who responded and a total of ninety-five women. With the men, 94% were married and there were none in the divorced or widowed category. In fact, there were a few priests to account for the few single men included in the sample. Among the women, on the other hand, there were only 45% who were married, with 32% single, 17% divorced, and 4% widowed. The marital patterns of the social workers in this sample were contrasted along lines of sex--but relative valuation of philosophical constructs again showed only some moderate differences. (See Table VIII.)

Between single and married females, there was some

TABLE VII
PHILOSOPHICAL CONSTRUCT RANKINGS BY AGE GROUP

Age Group	Rank	Philosophical Construct					Totals
		I	II	III	IV	V	
25 - 34	1	7	9	2	12	2	32
	2	10	10	4	5	3	
	3	5	5	14	5	3	
	4	8	5	8	8	3	
	5	2	3	4	2	21	
35 - 44	1	14	19	3	10	4	50
	2	18	12	5	14	1	
	3	8	15	13	11	3	
	4	6	3	16	12	13	
	5	4	1	13	3	29	
45 - 54	1	17	14	1	11	3	46
	2	16	8	3	12	7	
	3	4	17	11	10	4	
	4	7	6	15	10	8	
	5	2	1	16	3	24	
55 - 64	1	9	4	3	6	3	25
	2	8	8	2	1	6	
	3	7	2	3	11	2	
	4	1	8	5	6	5	
	5	0	3	12	1	9	
65 - 74	1	2	1	0	2	0	5
	2	1	2	1	1	0	
	3	1	2	0	2	0	
	4	1	0	3	0	1	
	5	0	0	1	0	4	
Total							158

TABLE VIII
PHILOSOPHICAL CONSTRUCT RANKINGS BY
SEX AND MARITAL STATUS

Sex and Marital Status		Philosophical Construct					Totals
Rank	I	II	III	IV	V		
Male (Single)	1	2	1	0	1	0	4
	2	1	2	0	1	0	
	3	0	1	3	0	0	
	4	0	0	1	0	3	
	5	1	0	0	2	1	
Male (Married)	1	19	21	4	11	4	59
	2	21	11	6	17	4	
	3	7	18	13	16	5	
	4	8	5	20	12	14	
	5	3	4	16	3	33	
Male (Divorced or Widowed)	-	-	-	-	-	-	0
(None of the male respondents so listed)							
Female (Single)	1	8	8	2	11	2	31
	2	13	11	2	2	3	
	3	3	6	8	8	5	
	4	3	6	8	9	5	
	5	4	0	10	1	16	
Female (Married)	1	16	11	0	14	3	44
	2	13	10	5	12	5	
	3	8	14	13	7	1	
	4	7	6	13	11	7	
	5	0	3	13	0	28	
Female (Divorced or Widowed)	1	4	6	3	6	1	20
	2	5	8	1	2	4	
	3	7	0	2	7	4	
	4	4	5	4	4	3	
	5	0	1	10	1	8	
Total							158

difference in relative adherence to Philosophical Construct II--65% of the single, divorced and widowed women ranked the "action oriented" dimension among their first two choices while only 47% of the married women did the same. Slightly higher emphasis upon Philosophical Construct IV was suggested by the choices of married women which might somewhat elevate the self-awareness component as a value dimension preferred by that sub-group. Married women and single women ranked Philosophical Construct I (Social Restraint and Self-Control) higher than did divorced or widowed respondents.

Choices by men tended to be much like those of the married women, except for a slightly stronger orientation toward Philosophical Construct II, emphasizing action for the overcoming of obstacles. One might tend to expect this latter result on the grounds that our society has a cultural expectation that its men will be "doers" and generally more aggressive than women. The study leaves a question unanswered as to the general profile that men in this society might register in ranking this group of philosophical constructs. One conceivably could find even more extreme distinctions between the sexes.

One might expect that religious identification could suggest some basis for preferring a particular philosophical orientation. The role of the church as a formulator of ethical standards and value guidelines is a popular conception. The common hypothesis is that man gains a sense of life direction from his ideological identification

with a religious belief and consequently adheres to a certain explicit code of conduct.

Among the social workers in this sample, the largest single religious grouping was that of Jewish. They constituted 18% of the total sample and the second-place Catholics accounted for another 14%. Of course, as one might expect, Protestants as a general group were the most numerous--amounting to some 57% of the sample population. Those who claimed no religion constituted 11% of those who responded.

It is useful to distribute the choice of Philosophical Constructs along categorical lines of church affiliation to see if these classifications might, in fact, be measuring some dimension of religious belief. The results as shown in Table IX do not suggest that this latter possibility is manifested in the findings. Distributions vary moderately between religious affiliation, according to these figures.

An exhaustive comparison of Protestant groupings was not possible because a large percentage of the sample listed themselves only as "Protestants" and thus gave no indication of the sub-grouping that might have been a precise designation of religious belief. Where a significant number have indicated themselves as being among those affiliated with a certain religious denomination, corresponding figures have been shown.

TABLE IX
PHILOSOPHICAL CONSTRUCT RANKINGS BY
RELIGIOUS DENOMINATION

Religion	Rank	Philosophical Constructs					Totals
		I	II	III	IV	V	
Jewish	1	7	11	3	8	0	29
	2	9	12	2	5	1	
	3	7	4	11	6	1	
	4	5	2	8	9	5	
	5	1	0	5	1	22	
Catholic	1	9	6	2	5	0	22
	2	7	6	1	6	2	
	3	2	8	5	6	1	
	4	4	1	6	2	9	
	5	0	1	8	3	10	
<u>Protestant Denominations</u>							
Baptist	1	2	2	0	0	0	4
	2	1	0	1	1	1	
	3	0	1	0	3	0	
	4	1	1	1	0	1	
	5	0	0	2	0	2	
Episcopalian	1	3	1	0	1	3	8
	2	4	1	0	3	0	
	3	0	2	1	3	2	
	4	1	3	2	1	1	
	5	0	1	5	0	2	
Lutheran	1	2	1	0	0	3	6
	2	3	2	0	0	1	
	3	1	3	2	0	0	
	4	0	0	1	5	0	
	5	0	0	3	1	2	

Respondents had been asked to list upon the questionnaire the social work settings where they had acquired their experience. This information seemed important so that the qualifications of the social worker respondents as persons involved with family therapy could be determined. Table X shows how many of the respondents in the sample have any experience in each of the practice settings indicated. This would suggest relative access to family problem situations as a helping agent and thus could perhaps indicate familiarity with the practice problem posed in this research situation. Table XI shows the collective response to the question: "In which form or forms of service is your present position? (Encircle all applicable.)" This was to produce a tabulation of the kinds of social work practice the respondents engage in at the present time, recognizing that many jobs call for more than one form of social work technique.

Multiple responses to each of the two above described questions had been encouraged and many were obtained. With respect to the seventeen possible practice settings shown in Table X, only eight respondents in the entire sample had been employed in only one agency setting throughout their career. Fifty of the respondents had been in five or more, and several circled as many as eight kinds of service experience settings. As further explanation of the data shown in Table X, it should be noted that 107 of the respondents believed that they were currently practicing as a social worker

TABLE X
PHILOSOPHICAL CONSTRUCT RANKINGS BY
EXPERIENCE SETTINGS

Setting	Rank	Philosophical Constructs					Totals
		I	II	III	IV	V	
Child Welfare Service	1	32	25	5	19	3	84
	2	23	22	7	24	9	
	3	8	25	24	20	7	
	4	17	9	23	18	17	
	5	4	3	25	3	48	
Public Assistance	1	14	12	3	17	6	52
	2	20	11	6	8	7	
	3	9	14	11	14	4	
	4	8	10	16	10	8	
	5	1	5	16	3	27	
Corrections	1	9	5	2	6	1	23
	2	3	10	2	8	0	
	3	4	7	7	5	0	
	4	4	1	8	3	7	
	5	3	0	4	1	15	
Mental Health or Hygiene	1	17	17	3	22	5	64
	2	21	17	7	11	8	
	3	10	16	16	17	5	
	4	11	9	21	13	10	
	5	5	5	17	1	36	
Settlement House	1	5	7	1	5	1	19
	2	6	4	4	3	2	
	3	3	4	3	6	3	
	4	5	3	4	5	2	
	5	0	1	7	0	11	
Private Practice	1	6	10	2	10	0	28
	2	13	5	2	5	3	
	3	2	8	7	8	3	
	4	5	4	11	5	3	
	5	2	1	6	0	19	

TABLE X (Continued)

Setting	Rank	Philosophical Constructs					Totals
		I	II	III	IV	V	
Family Counseling	1	26	19	4	19	6	74
	2	21	21	9	14	9	
	3	12	17	17	21	7	
	4	10	14	19	16	15	
	5	5	3	25	4	37	
Medical Social Work	1	10	13	4	19	2	48
	2	20	12	8	3	5	
	3	8	8	10	13	9	
	4	7	11	12	11	7	
	5	3	4	14	2	25	
School Social Work	1	4	3	0	11	1	19
	2	8	4	2	3	2	
	3	4	8	6	0	1	
	4	0	2	8	4	5	
	5	3	2	3	1	10	
Child Guidance Clinic	1	4	9	3	7	0	23
	2	8	5	3	5	2	
	3	5	4	6	5	3	
	4	5	4	7	5	2	
	5	1	1	4	1	16	
Social Work Research	1	6	6	2	0	1	15
	2	6	4	0	3	2	
	3	1	4	3	5	2	
	4	2	1	5	5	2	
	5	0	0	5	2	8	
Community Organization	1	8	9	2	6	2	27
	2	8	8	2	6	3	
	3	8	7	6	5	1	
	4	3	1	8	8	7	
	5	0	2	9	2	14	
Disaster Relief	1	1	3	1	1	0	6
	2	2	2	1	0	1	
	3	2	0	2	2	0	
	4	1	0	1	3	1	
	5	0	1	1	0	4	

TABLE X (Continued)

Setting	Rank	Philosophical Constructs					Totals
		I	II	III	IV	V	
Federal	1	3	5	1	0	0	
Poverty	2	2	1	4	2	0	
Programs	3	2	3	2	2	0	
	4	2	0	1	3	3	
	5	0	0	1	2	6	9
Teaching	1	13	15	3	9	3	
Social Work	2	17	11	5	5	5	
	3	5	10	11	14	3	
	4	7	5	13	12	6	
	5	1	2	11	3	26	43

Other:

Office Manager, Pediatrician's Office
 Marital Counseling
 Public Health Alcoholism Program
 Unwed Mothers Counseling
 Big Brothers Program
 Teaching Medical Students
 Residential Treatment
 Public Recreation
 United Service Organizations
 Children's Home
 Child Study Clinic
 Adoptions
 Emigre Resettlement
 Retarded Institution and Community Help
 Travelers Aid

1	11	7	2	5	1	
2	7	7	1	6	5	
3	3	9	7	7	2	
4	4	1	9	6	4	
5	1	2	7	2	14	16

TABLE XI
PHILOSOPHICAL CONSTRUCT RANKINGS BY FORMS
OF SERVICE EMPLOYED AT PRESENT

Form	Rank	Philosophical Constructs					Totals
		I	II	III	IV	V	
Direct Service in Casework	1	28	28	3	27	6	92
	2	33	27	10	17	5	
	3	17	16	26	22	11	
	4	10	16	27	23	16	
	5	4	5	26	3	54	
Direct Service in Group Work	1	3	8	2	4	1	18
	2	9	4	1	4	0	
	3	2	4	6	4	2	
	4	4	1	3	5	5	
	5	0	1	6	1	10	
Supervision	1	28	30	4	19	2	83
	2	28	17	9	21	8	
	3	12	22	19	24	6	
	4	11	12	28	15	17	
	5	4	2	23	4	48	
Community Organization	1	10	16	2	6	0	34
	2	12	6	2	7	7	
	3	7	6	8	12	1	
	4	3	4	13	6	8	
	5	2	2	9	3	18	
Administration	1	27	27	5	16	3	78
	2	20	23	9	17	9	
	3	16	16	17	23	6	
	4	10	9	23	18	18	
	5	5	3	24	4	42	

TABLE XI (Continued)

Form	Rank	Philosophical Constructs					Totals
		I	II	III	IV	V	
Teaching Social Work	1	14	10	3	7	0	
	2	9	9	8	4	4	
	3	2	7	4	16	5	
	4	7	7	8	5	7	
	5	2	1	11	2	18	34
Other	1	12	11	4	8	3	
	2	14	10	4	8	2	
	3	7	11	5	12	3	
	4	5	4	10	9	10	
	5	0	2	15	1	20	38

employing more than one form of professional practice. Some twenty-one of the respondents said that they engaged in four or more identifiable dimensions of social work intervention at the present time.

No differences emerged that would suggest philosophical differences according to whether or not a person had been employed in various kinds of social work jobs or particular forms of practice. There was, in fact, great similarity between the various distributions by kind of experience and present form of service rendered. One finds no significant emphases to set off any of the categories from the others as a relationship with a particular career orientation within the social welfare field.

As a means of qualifying this sample group of social workers

as respondents in this study, probably Tables X and XI are the most useful. A total of ninety-three are presently engaged in direct case-work services to some extent, whether or not this is their principal assignment. Large numbers were found who had experience in the following settings where "family-wide" diagnosis is a regular practice of social workers: Child Welfare (85); Mental Health (65); Family Counseling (74); Public Assistance (52); Private Practice (28); Corrections (23); and Child Guidance Clinic (23). Family centered problems are encountered as a matter of course by the representatives of agencies under the above designations. Social workers involved in these settings could be expected to have some knowledge of the basic methodology involved in undertaking a diagnosis of a family in state of crisis.

Philosophical dimensions do not seem to represent various kinds of social work jobs, according to the data shown here. But, some slight leanings do exist.

The social worker who has worked in such direct service case-work settings as family counseling services, child guidance clinics, mental health clinics or school social work seems to differ slightly from the social work research person. The former emphasized the Philosophical Construct IV (self-interest primary) while the latter tended to prefer Philosophical Construct I (group interest primary). Social workers who were currently engaged in direct service to

clients showed an even more marked difference in the preference for the orientation emphasizing self-awareness and insight. Those operating as administrative or community organization workers tended to value less the importance of individual awareness. An emphasis on the social group's importance and a valuing of vigorous action for the overcoming of obstacles were the orientations most often preferred by respondents in these categories.

Trends as emerged between those engaged in various of the forms of social work practice were not striking and only very guarded conclusions could be drawn from these data. The practitioner who does presently work with people in trouble looks to have a unique orientation as opposed to the other groupings. More study would be necessary for any more concrete conclusions to be drawn.

III. REACTIONS OF MEMBERS OF THE SAMPLE POPULATION TO THE QUESTIONNAIRE

The beginning section of this chapter made reference to some material that compared those who completed and returned the questionnaire with the 115 social workers who received the questionnaire but did not participate. It was possible in the course of the review of these quantitative results to suggest some possible reasons for the failure of some people to respond. One would hope to establish that a significant sub-group was not excluded because of some

imperfection in the design of the questionnaire or of some deficiency in the procedure. Another way of getting at the question of how the research instrument was responded to by members of the sample population is to evaluate the commentary received from those who wrote on or about the questionnaire.

The present section utilizes the commentary received from various of the respondents to form an individualized critique of the questionnaire. The criticisms tended to be divided into three general areas: (1) some found the directions confusing, which led to frustration; (2) some found the items themselves to be rather unclear making them hard to evaluate; (3) some questioned their own competence to respond to this questionnaire in that it seemed to be directed solely to persons actually engaged in casework practice; and (4) some questioned the theoretical bias of the research project itself.

A male respondent who is employed in staff teaching with the federal poverty programs expressed the following general reaction in regard to the questionnaire's total format and wording. He said:

I have just completed the questionnaire and feel that I have a professional responsibility to pass on some advice to you.

First of all--the wording of this questionnaire is not clear--it's too damn theoretical. At first I was tempted to toss it aside, but I can understand how you must feel about this subject so I completed it.

Your instructions are confusing to the reader--especially if he is busy with other matters. A key to our profession is the ability to easily communicate with our clients. Talking

over their head--and utilizing theoretical terms just isn't the answer. Be concise--right to the point--and sincere with him.

One 41-year old respondent with experience in seven distinctive social work settings, and who presently teaches child development, commented, "I started to fill this out and found the instructions too confusing." Another reacted to the second page with the simple comment, "Whoever dreamed this up is out of his mind!!" A reaction to Part III of the questionnaire also in the same vein went like this, "The questions take more than 20 minutes! . . . the directions for the second page made me so mad I gave up!!" The task which was represented to the respondent was said to be simple when it seems that it actually did take an expenditure of time and energy beyond what had been anticipated. Some serious contemplation might well have been demanded by the questionnaire and negative reaction could be expected to this kind of imposition.

Some respondents tended to feel that Part III would take a great deal of time to complete or would be inordinately complex. They were consequently dismayed at the prospect. Those who actually tried did very well which led the investigator to the notion that those who went so far as to make an earnest effort found their fears to be unfounded. In the final analysis, fewer mistakes were made on Part III than there were on the first sections among those who actually completed the questionnaire.

A few of those completing the questionnaire seemed to have trouble determining what kind of judgment was expected of them in completing Part III of the questionnaire. One person summed up the problem in this way, "I cannot fill this part in because I don't understand your criteria for making a judgment." Those who found themselves in this quandry might have been more comfortable if they had been able to work from factual data. However, as has been noted, then the problem would have been more complicated in final interpretation because transference feelings related to prior situations could color respondent reaction to hypothetical situations. Respondents who felt as the above person did were asking for a fact pattern sufficiently developed that little recognizable of themselves would be manifest. Legitimately they were focusing on the case situation and wanting to make diagnosis from the recognizable criteria. It would appear that they did not understand themselves as being in a "pre-cognitive" state as has been defined.

As a relative judgment of each item with each other item, the problem presented in Part III was also somewhat troublesome. As one respondent commented,

It was very difficult to show the relative importance of each item. To do this extremely well, one should compare each item with each of the additional 25 to make a value judgment. My time did not permit me to do this as I would have wished.

It is possible that many did precisely what another respondent did,

I made some quick comparisons to judge relative importance, but for the most part rated each item according to the importance it plays for me in making a diagnosis. For the most part, all items are important considerations--therefore, I did not place any in the "unimportant" section of the scale.

The goal of Part III was to get respondents to evaluate their own psychological set before the actual diagnostic encounter.

Through such introspection, a valuation of potentially important criteria is possible. Judgment would be primarily related to values of the diagnostician and would have much less to do with the situation to be diagnosed. More respondents must have conceived of it in this way in order to respond.

There were some who balked at Part III because they could not identify themselves in the role of the family diagnostician. One said, "I am an incompetent respondent. I have never done casework! I have had no training in family diagnosis or treatment." Another person who had actually had some experience working with families declined to respond to the second page, saying, "I have no professional basis for judgment in evaluating these (diagnosis of a family in crisis)."

Two retired social workers returned their questionnaires unanswered with the explanation that they believed I was directing the inquiry to social workers actually engaged in clinical practice at the present time. They felt that "completion of the questionnaire would

not be pertinent to the study. "

A person employed as an associate Director of a county welfare council commended this study as an undertaking in innovative research, but discounted the research instrument for being relatively unsuitable to the purpose for which it was intended. Quoting from her letter of response, which must be given in its entirety, her reactions to the language problems in this study were important considerations. She wrote:

As a respondent, I felt forced to compare items that were, in my opinion, often inter-related. On the first page, use of language could very well have hidden meanings, or definitions could change the implication. The statements were intangible and extremely complex, and I had the feeling of possibly getting "trapped" into making a decision that was not an honest one.

The second page used an alphabet of statements that became meaningless out of context; each one, in other words, was incomplete without other statements!

Perhaps a practicing caseworker would take a different view. My fields are Community Organization and group work, and I believe that the situation determines the values.

The fact that the above mentioned respondent was not a practicing family caseworker probably would change her perspective of Part III. She would likely be ranking everything according to concepts only loosely related to any theoretical model. Its meaning would be correspondingly reduced. It is assumed that the social worker being polled in this case is being asked how he feels just before an encounter that presumably resembles those with which he has

experience, or could conceive of himself experiencing. Undoubtedly some of the respondents were not in this category.

A question that had not been contemplated in this research design was whether or not values in the formation of this study would tend to establish principles contradictory to established theoretical frameworks. It had seemed that a social psychological analysis of value dimensions would be feasible regardless of the frame of reference. A medical director of a psychiatric clinic suggested that this was not a correct assumption. In a letter written on behalf of the respondent to whom the questionnaire had been addressed, he explained why they had decided to return the questionnaire unanswered.

The response is negative but not specific:

Recently one of our psychiatric social workers . . . received a questionnaire from you at the Glendale Guidance Clinic here in California. Your instruction sheets indicated that this was part of a research project hoping to establish a place of basic philosophic factors in social work.

In reviewing the accompanying questionnaire, it became apparent to me that you were, at least in certain areas, attempting to establish a frame of reference with which we were in substantial disagreement. Accordingly, I feel that it is much more appropriate to your survey for us not to complete this questionnaire, inasmuch as some of the interpretations given might well lead to further misunderstanding.

He goes on to suggest that the problem may be largely semantic and that he might have been somewhat picky. Nonetheless, he makes the point with some eloquence that there is a problem in describing life in abstract terms--then applying concrete methods of

quantification as respondents react to these broad constructs. The breadth of the subjective dimension may well defy such precise delineation.

Several respondents noted that they were quite interested in the potentials of this kind of approach to abstract dimensions. A few said that they too were doing research in this area. It was gratifying that positive reactions to the questionnaire far outnumbered the negative responses. One tends to feel that at least a sizable number of social workers are not frightened by the prospect of quantification of the value dimension if it will lead to the development of usable theory..

CHAPTER V

A MULTIPLE FACTORIAL APPROACH TO THE DATA IN THIS STUDY

I. FACTOR ANALYSIS OF THE VALUE ORIENTATION DIMENSIONS

As a beginning to the evaluation of these data, attention is called to the five variables that were chosen to represent different value orientations. The well-founded postulate was put forward that the five were independent value dimensions which would form a basis for rating one's relative adherence to value conceptions prevalent in Western cultures. A process of inference would connect these value conceptions with action consequences. Before that aspect is discussed, it was thought proper to present results of a factor analysis of the original five dimensions. And surprisingly, these were found to be reducible to three more general factors in the data taken from this particular sample.

The data show that there is only a three-factor configuration present, but perhaps that is because only three dimensions have operated significantly in this particular study. This would suggest something significant about the social worker sample only if there

was a similar group to compare them against. The rather important grouping of these factors into a three-dimensional frame of reference only suggests such a conclusion. The total picture is somewhat different when one reviews the results of the full scale factorial analysis involving all of the data from Part II and Part III of the questionnaire.

Table XII shows the results of the factor analysis of the five philosophical constructs after rotation.

TABLE XII
FACTOR ANALYSIS OF FIVE PHILOSOPHICAL CONSTRUCTS

Final Varimax Factor Loading Matrix	Self-fulfillment through an Enhancing of the Social Order	Enjoyment through Active Experiencing of Life	Responsive as Instrument of World Forces
Philosophical Construct			
I	0.996	0.030	0.078
II	0.192	0.633	0.749
III	-0.196	0.963	0.180
IV	0.374	0.858	-0.349
V	0.299	-0.036	0.953

The final varimax factor loading matrix emerged as above. It came from IBM Program 774 (1450) of April 29, 1968.

The evaluation of this preliminary factor analysis develops along subjective lines as would be expected, but the results are extremely interesting since loadings on some variables were particularly high. The results suggest that the original variables were not discrete as was our beginning proposition. Of course, the possibility that this final factor loading matrix was the result of chance and low frequencies is to be considered a very real liability to the present formulations.

One finds that Philosophical Construct I emerges quite high on the first factor. A loading of 0.996 was recorded. No other construct was nearly as high in its loading on this factor. The orientation is primarily conservative, and therefore, it is essentially a moral attitude that is being expressed. The moderate positive loading of Philosophical Construct IV on Factor I suggests that the mergence of self-interest with social responsibility comes through introspective processes. The orientation of the first factor would tend to suggest that a conservation of the best interests of society naturally emerges along with the goal of greater personal insight. This loading pattern tends to emphasize a genuine appreciation for the world of living things and especially man's achievements. The important blending that is seen here is that self and society seem to be construed as having compatible, if not precisely the same, interests. One can be confident that as he permits himself to grow in the quite responsive

environment of the society, a good life will be lived. Let this factor be called "Self-fulfillment through an Enhancing of the Social Order." It is principally found in Philosophical Construct I and to relatively lesser degree in Philosophical Constructs IV and V.

On the second derived factor, Philosophical Construct III has a loading of 0.963 followed closely by IV and II with 0.858 and 0.633, respectively. The remaining two constructs have near zero loadings on this factor. There is a decided self-interest theme in this factor and it suggests heightened confidence in one's personal powers in problem solving.

The centermost construct in this configuration of loadings tends to emphasize appreciation of pleasure or the capacity to experience happiness. There is a high relative valuing of introspection as a means to this end. One gets the impression that this factor represents a philosophical stance that endorses active experiencing of life for the rich inner gratification it will bring. Let this factor be called "Enjoyment through Active Internal Experiencing of Life."

The third factor registered high on Philosophical Construct V with a 0.953 loading and also fairly high on Philosophical Construct II with a 0.749. The reader will notice that II has been high both on this factor and on the last described factor. Its composition tends to suggest that II's relatedness may be for procedural structural qualities while the high loading on V may be more indicative of substantive

content in the factor. The emphasis in this third factor is certainly on responsiveness to outside influences and there is a flexibility quality. As suggested by the high loading for Philosophical Construct II that it is an active and engaging kind of responsiveness. It is a flexibility and an appreciation for the potentials of change. The moderate negative loading for Philosophical Construct IV suggests some repudiation of internal power or strength and rather endorses a "drinking-in" of outside stimuli for its richness. The self would remain in a state of flux. This factor has been entitled "Responsive as Instrument of World Forces."

II. REDUCING A MIXED MATRIX TO COMMON FACTORS

A factor structure of all thirty-one of the variable items in this study, the five philosophical constructs and the twenty-six family diagnostic criterion variables, was also obtained through multiple factor analysis. Through the utilization of a high speed computer and a complete prefabricated computing package, the reduction of the thirty-one items to a nine factor matrix was accomplished.

One important goal of this method of data analysis was to explore the feasibility of using two distinct classes of social objects for joint inclusion along common dimensions. A parsimonious basis conceivably may be provided for the understanding of the integrated relationships of these two forms of attitude constructs in terms of a

single set of mediating processes.

Cattell has written,

Factor analysis differs . . . in a wider, experimental, strategic sense, from, for example, both multiple correlation and discriminant functions, in not arbitrarily choosing a criterion variable or criterion group, but in arriving at a reduced number of abstract variables and a weighting of observed variables according to structural indications of the data itself.

Our study deliberately employs constructs to obtain measurable reactions from people for the purpose of collecting these diverse elements into a coherent classification system. Again from Cattell, "It is a means of creating concepts, not merely of employing them or checking their fit to new data" (1966, p. 174).

In applying factor analytic methodology, it became necessary to choose between the orthogonal and the oblique models. It might have been best if both forms of rotation had been employed, but financial resources were limited and a choice between the two was indicated. The rotation used was the orthogonal procedure.

The chief advantage of the orthogonal rotation lies in the easy availability of techniques for translating data into results. Standard techniques acceptable to the general population of multi-variate scientists are available when use of a computer of reasonable size and speed can be obtained. In the present instance, Bimed 03M (Version of January, 1966) proved to be a package ideally suited for our purposes.

Not unimportant as criterion for choosing the method of rotation is the sheer labor in producing an oblique solution. This is a deterrent to its use. A manageable computer package was not available to the researcher for an oblique rotation. In any event, the orthogonal rotation is preferable over the oblique model as being the more replicable of the two.

The oblique rotation would tend in the direction of seeking out a "general factor" rather than several dimensions of relatively equal importance such as are sought in this study. When the oblique rotation is used, the first factor accounts for such a large amount of variance that one tends to find relatively smaller loadings on succeeding factors as they are later derived. The orthogonal model, on the other hand, tends to equalize the variance. Our nine distinguishable factors are shown in fullest perspective where the variance is more equitably distributed. Loadings can more adequately show the presence of the factor in related variables.

Finally, some multivariate scientists conclude that in the interest of simplicity, multidimensional scaling results do not lend themselves to an oblique rotation. The basic assumptions about the psychology of response processes in the judged data become unpleasantly cumbersome if dimensions are made oblique. Therefore, dimensions for the same set of stimuli are most reasonably matched by an orthogonal rotation procedure (Cliff, 1966).

This brings us to the substance of this study. Horst has noted,

The formal rules of matrix algebra . . . do not concern themselves with the other possible categorical sets in a data model. The rules and principles of operation and computation specified by the formal system of matrix algebra recognize only the existence of one or more categorical sets. They have no way of indicating what the different categorical sets are (30).

Much is left to the interpretation of the mathematical results in making sense out of the classifications that emerge. Horst notes,

"This is a scientific problem, and the specification of the categorical sets by the investigator is part of his model and is relevant to the interpretations issuing from the analyses of the data" (p. 30).

After the thirty-one items were represented by loadings on the nine dimensions, it was possible to look for the character of these obtained factors. The limits of our statistical tool have been reached at this point and a rational process of interpretation necessarily follows. The variables with significantly high loadings have been listed except that, with the Philosophical Constructs, only the titles being shown in the interest of conserving space.

FACTOR (1) EXTERNAL AS OPPOSED TO INTERNAL INFLUENCES ON FAMILY FUNCTIONING

Quality of family relationship to religious faith or other supernatural ideology relating to eternity and cosmic entity	. . . . .	.580
Character of peer group affiliations entered into by members of the family	. . . . .	.523

Degree to which family members share in mutual gratification including sex, play, etc.	. . . . .	-.498
Philosophical Construct III - Self-indulgence (or Sensuous Enjoyment)	. . . . .	-.412
Character of the developmental history of the individual family members	. . . . .	-.376
Capacity of the family to cope with the demands of routine housekeeping	. . . . .	-.333
Degree to which the family members provide support, security, and encouragement to one another	. . . . .	-.236
Philosophical Construct I - Social Restraint and Self-Control	. . . . .	.234

Two of the philosophical constructs made an appearance in this factor, but the family diagnostic criterion variables seem to provide a basis for discriminating between positive and negative loadings.

The positive loadings involve forces acting upon the family group from the outside. The highest single loading was that relating to religious faith or the church which has long had the reputation for being a promulgator of moral standards. The peer group is another standard setting force in the world outside the family which could have influence on behavior. A much lower loading on this factor was shown opposite Philosophical Construct I, but it is felt that this is a construct quite consistent with the two diagnostic criterion items. The emphasis is on responsibility to the society as reflected by such words as "responsible, conscientious, intelligent participation in human

affairs." The person is looking outside his intimate alliances for direction and for a notion of his place in the world.

Contrasting starkly with the implications suggested by the positive loadings are the five fairly substantial negative loadings. The family diagnostic criterion variables seem concerned with laws regulating the internal functioning of the family. This seems to be the central unifying theme although subject-matter areas covered are quite diverse. There is a reference to the way the family manages to cope with routine housekeeping chores and also an item concerned with the extent to which the members share in mutual gratification. The focus clearly in both items is on interaction within the family unit as opposed to external exchange. The place of the Philosophical Construct III along with the negative loadings is much less clear. In the description of this value orientation dimension, it says, "The antithesis of the trait is responsible submission of one's self to social and cosmic purposes." It then is directly negative to standards set by the religious dogma or the cultural setting in which the person or his family operates. It is possible that the philosophical construct ties in on a piecemeal basis and that it fits only in a negative sense. Perhaps the family is seen as a unit in which self-indulgence is permitted by its members, but such self-indulgence within a family may be seen by the caseworker as indecent and immoral.

FACTOR (2) FOCUS ON COMMUNICATION BETWEEN MEMBERS
IN THE FAMILY

Character of the communication pattern between members of the family	. . . . .	.833
Extent of mutual sensitivity to needs of others in the family	. . . . .	.798
Degree to which family members provide support, security, and encouragement to one another	. . . . .	.575
Degree to which the family and its members are capable of self-help and are able to make effective use of help when appropriate	. . . . .	.537
Character of peer group affiliations entered into by family members	. . . . .	.437
Pattern of time allocation by individual family members as it affects amount of interaction in the home	. . . . .	.410
Degree to which family maintains mutual respect for individuality of family members	. . . . .	.412
Extent of family involvement in group activities that lead to satisfying experiences for individuals in the family (P)	. . . . .	.291
Level of insight manifest by family members as to the genesis and development of the disequilibrium of the family	. . . . .	.270
Extent of family involvement in group activities that lead to satisfying experiences for individuals in the family (N)	. . . . .	.264
Capacity of the family to cope with the demands of routine housekeeping	. . . . .	-.208

This appears to be a dimension largely concerned with how well the family members are able to respond to one another. The

highest loading is on the character of the communication pattern between family members and this would essentially be equivalent to a capacity to being able to send and receive messages with some accuracy. A part of communication would be the degree of mutual accessibility among family members for messages needing to be communicated. The matter of openness and responsiveness would be a component. Inherent is the aspect suggested by the second highest loading--that extent of mutual sensitivity to needs of others in the family would gauge the extent of responsiveness.

Accent in this dimension seems to be on feeling between family members and to some extent even as would be characterized by outside affiliations such as with peers. It tends to have emotional content with awareness of the frailties and strengths of individuals in the family. The human being as a need-meeting creature seems quite general all through the variables listed as having sizable loadings under this factor.

Diagnostically, one might be prone to use many ways of getting at this rather esoteric dimension so it is not surprising that time allocation as it affects amount of interaction would carry fairly high loading on this factor. Such words as support, security, encouragement, sensitivity, or satisfying experiences would most effectively characterize this factor.

The only contrasting negative loading of any size related to the

demands of routine housekeeping which evidently would suggest an aspect that would be entirely too devoid of emotional ramifications to appeal to adherents of this diagnostic dimension. Structural aspects of the family are rather neglected in favor of an appreciation for man as a living and breathing creature of much emotional lability. The keynote seems to be on mutually satisfying experiences of living by family members.

No Philosophical Construct was particularly high on this factor--only Philosophical Construct I with a loading of .142. The abstract contemplative measures of living seem to be less important than those qualities more related to fundamental human feelings. The fact that Factor (2) is missing from the value orientations may well suggest a void in construct content making them an incomplete representation of possible value orientations. There seems to be no allowance among the five for a value orientation which stresses social-emotional aspects of interpersonal relationships.

FACTOR (3) FOCUS ON OVERT DESCRIPTIVE CHARACTERISTICS

Qualities of the family that determine its stage in the life cycle	. . . . .	.675
Pattern of time allocation by individual family members as it affects amount of interaction in the home	. . . . .	.611
Level of intellectual ability and educational attainments of family members	. . . . .	.397

Extent of family involvement in group activities that lead to satisfying experiences for individuals in the family (P)	. . . . . -. 354
Capacity of the family to cope with the demands of routine housekeeping	. . . . . . 302
Extent of family involvement in group activities that lead to satisfying experiences for individuals in the family (N)	. . . . . -. 281
Character of and meaning of art, music, and things of beauty to the family members	. . . . . . 281
Patterns of distributing household tasks and other chores among members of the family	. . . . . . 279
Character of developmental history of individual family members	. . . . . . 224
Level of insight manifest by family members as to the genesis and development of the disequilibrium of the family	. . . . . . 224
Degree to which family members share in mutual gratification including sex, play, etc.	. . . . . -. 207

The variable items that seem to emerge with higher loadings in this factor are those which could suggest rather concrete measurable items or qualities readily observable upon inspection. One might speculate that social workers whose ratings of these factors were high might be very cautious in appraisal of subjective elements. On the other hand, they would likely tend to be quite careful to learn as much about the age, sex, occupation, income level, educational background, etc., as would be possible.

Throughout the listing of variables, negative loadings or very

low positive loadings seemed to be attached to more nebulous items. The characteristic of this factor seems to be its penchant for the concrete. Included in this dimension are all those items which could be listed on the face sheet of a case record or entered easily by checking a box on a questionnaire. Little in the way of interpretation would be required of the diagnostician for criteria in this dimension.

The evidence of an interpretation of the meaning of the items in a very constricted way is seen in Factor (3). The format of the study and the wording of the constructs might have tended to minimize the importance of items reflecting this factor. Subjects might have inferred that it was undesirable to scale these items high.

The loadings here might also have been somewhat higher if the constructs themselves had been somewhat less prone to multiple interpretation. An example is the item, "Character of and meaning of art, music, and things of beauty to the family members," which could be seen as an opportunity for precise delineation of tastes almost to the point of subjecting it to quantification. It could, on the other hand, be seen as an extremely subjective kind of assessment referring to the aesthetic qualities characterizing the family--perhaps so relative that only an individualized description of its place within the family could be considered helpful.

There is clearly a time and space orientation in this dimension that runs through all of the variables related to this factor. Concepts

are derived from constellations of facts that are gathered together through actual observations or documentations as specifiable.

One would speculate that diagnosis in this view is much like gathering evidence in legal proceedings.

FACTOR (4) FOCUS ON FAMILY UNITY AND LOYALTY

Extent to which family members show a concern for family unity and loyalty	. . . . .	.773
Extent to which the family is able to use seemingly injurious experiences as a means for further growth	. . . . .	.675
Character of affectional bond between husband and wife	. . . . .	.472
Patterns of distributing household tasks and other chores among members of the family	. . . . .	.399
Capacity of the family to cope with the demands of routine housekeeping	. . . . .	.249
Level of insight manifest by family members as to the genesis and development of the dis- equilibrium of the family	. . . . .	.232
Character of developmental history of individual family members	. . . . .	.215
Philosophical Construct I - Social Restraint and Self-Control	. . . . .	.208

As is suggested by the content of the variable exhibiting the highest loading on this factor, family unity and loyalty would appear to be the central theme. The variables all reflect some degree of homogeneity of the family as being relevant to the assessment process in diagnosis. The three highest loadings quite clearly suggest

this aspect as being central. Its presence is less clear in the remaining variables, but it seems to be consistent with these items.

A moderate positive loading on Philosophical Construct I emerged which was not taken as being a significant indication of anything. The theme in this philosophical construct is loyalty, to be sure, but it had been seen as being more directed toward the total society.

The extent to which the family is able to use seemingly injurious experiences as a means for further growth is listed by some crisis theorists as one test of its ultimate strength (Hill, 1949). It is tested for its ability to survive as a homogeneous unit--failure to weather the test of a crisis usually means dismemberment or total dissolution of the aggregate family unit.

Certainly the affectional bond between husband and wife is an important measure of the unitary character of the family. These two principal characters set the emotional tone for the family and it is their affection for one another which is decisive. The use of the word "bond" undoubtedly did something to link this variable (J) in with this particular dimension.

The presence of the two variables relating to distributing and coping with household tasks is somewhat puzzling. The investigator does not see their presence as being consistent with earlier conceptions of them--rather they are being seen as constructs with

different implications in this particular context. The willingness of family members to care for the home and the implementation of an effective plan without major hitches might be said to be a function of the pride the family members have in their house as a physical representation of the family itself. It is possible that this would be the connection which brought about the relatively large loadings on these two variables.

There seems to be little to tie the diagnostic variable, "Character of developmental history of individual family members," to this series of items except that this is essentially an historical variable. The tradition of a family may be said to be the sentimental embodiment of the products of its history.

FACTOR (5) FOCUS ON SELF-AWARENESS AND INTROSPECTION

Philosophical Construct IV - Withdrawal and Self-sufficiency	. . . . .	.851
Philosophical Construct III - Self-indulgence (or Sensuous Enjoyment)	. . . . .	.468
Level of insight manifest by family members as to the genesis and development of the disequilibrium of the family	. . . . .	.421
Degree to which the family and its members are capable of self-help and are able to make effective use of help when appropriate	. . . . .	.328
Character of developmental history of individual family members	. . . . .	.258
Philosophical Construct V - Receptivity and Sympathetic Concern	. . . . .	.227

With the very clear dominance of Philosophical Construct IV in this factor, one can certainly recognize the emphasis on the self in this dimension. Philosophical Construct III is consistent in that the self is the center of attention. Activity is oriented toward greater enhancement of the person himself.

Inspection reveals that the two family diagnostic variables mentioning such words as insight and self-help have a connection with the Philosophical Construct that dominates in this dimension. The respondents appear to be conceiving the family unit as itself an organism capable of having an independent being and of enhancing its own image. Whatever the level of the system, the focus upon internal maintenance function seems to be favored by devotees of this dimension.

The developmental history of family members obviously has a connection with the growth of self and capacity for internal appreciation. The loading appropriately suggests the degree to which one might consider this an important aspect of this dimension.

FACTOR (6) FOCUS ON GROUP ACTIVITY

Character of recreation and leisure time activity by members of the family	. . . . .	.729
Extent of family involvement in group activities that lead to satisfying experiences for in- dividuals in the family (N)	. . . . .	.697
Character of and meaning of art, music, and things of beauty to the family members	. . . . .	.687

Extent of family involvement in group activities that lead to satisfying experiences for the individuals in the family (P)	. . . . .	.657
Patterns of distributing household tasks and other chores among members of the family	. . . . .	.628
Level of capacity to create and maintain con- structive and responsible community rela- tionships in the neighborhood, the school, town, local and state governments	. . . . .	.603
Capacity of the family to cope with the demands of routine housekeeping	. . . . .	.526
Character of the occupation of the father or mother including its meaning to the family in relation to the community	. . . . .	.455
Level of intellectual ability and educational attainments of the family members	. . . . .	.430
Quality of family relationship to religious faith or other supernatural ideology relating to eternity and cosmic entity	. . . . .	.423
Character of peer group affiliations entered into by family members	. . . . .	.350
Degree to which family members share in mutual gratification including sex, play, etc.	. . . . .	.323
Philosophical Construct III - Self-indulgence (or Sensuous Enjoyment)	. . . . .	.225

No negative loadings were at sufficiently high levels to introduce.

For this factor, there were some thirteen variables having loadings sufficiently high that they could be mentioned as significantly related to the factor here described. Many of the variables had been identified in other senses with other factors. It seems that the

variables hang together in this instance out of variously conceived alignments with group activity. The source of the association might conceivably be variously constituted.

It is clear that this is activity that gives at least a modicum of pleasure to the participants. The activity seems to reflect a hedonistic tendency. Philosophical Construct III has a small loading on this factor which ties the dimension to this value orientation in a minor way. Seeking pleasure in a group atmosphere is found in this dimension.

One is certainly engaging in an interaction with other people in this factor. The external exchange contemplated by participating in religious exercises is also included as we consider this dimension. There is some sacrifice of individuality for the sake of the benefits to be derived from the group activity.

There is an element of appreciation for the cooperative nature of man's need meeting in this and every society. Both in the family and outside of it, depending upon the particular variables, the theme of cooperation for effective functioning to meet individual needs seems to be central. Maximum cooperation might well constitute the ideal of the diagnostic criteria subsumed under this general factor.

FACTOR (7) FOCUS UPON STATIC AS OPPOSED TO DYNAMIC ATTRIBUTES

Philosophical Construct II - Enjoyment in Action	-.833
Philosophical Construct I - Social Restraint and Self-Control	-.434
Philosophical Construct III - Self-Indulgence (or Sensuous Enjoyment)	-.431
Character of the occupation of the father or mother including its meaning to the family in relation to the community . . . . .	.323
Degree to which family members share in mutual gratification including sex, play, etc. . . . .	.283
Character of developmental history of individual family members . . . . .	.257
Level of intellectual ability and educational attainments of family members . . . . .	.255

If anything is distinctive about this dimension, it is the almost total absence of action. No heed is paid to the more dynamic ways that things got where they were at the time of diagnosis, rather the task of diagnosis with respect to the variables named herein was simply the identification of the status quo. One gets the feeling that the data gained in connection with the aspects being represented here would have little to do with any active problem-solving effort. The information would be derived more for intellectual exercise than anything else.

The positive loadings in this instance are not very high so any absolute comment about the figures derived would seem to be

premature. It would be valuable to explore further to see if there really is any significance to the negative association that seems to be existing here and thus implied between the variables shown. The conspicuous lack of action wording in the diagnostic items may simply be responsible for this dimension. It is only by negative association that any meaning can be given to this factor.

FACTOR (8) FOCUS UPON RESPONSIVENESS TO ENVIRONMENT

Philosophical Construct V - Receptivity and Sympathetic Concern	. . . . .	.724
Level of insight manifest by family members as to the genesis and development of the disequilibrium of the family	. . . . .	-.555
Degree to which the family and its members are capable of self-help and are able to make effective use of help when appropriate	. . . . .	-.493
Philosophical Construct I - Social Restraint and Self-Control	. . . . .	.372
Capacity of the family to cope with the demands of routine housekeeping	. . . . .	.263
Character of developmental history of individual family members	. . . . .	-.252

A very strong loading on the Philosophical Construct V is evident as the reader scans the figures shown above. This is the philosophical orientation which tends to prefer a passive willingness to be led by sources outside the self. To some degree, Philosophical Construct I also tends to value the submission of self for the greater wisdom and accomplishment of the society as a whole. Individual

initiative and innovation in problem solving is not encouraged in either of these philosophical variables.

Rather in contrast with the philosophical position manifest in this dimension, are the diagnostic criteria that are negatively loaded in this listing. Both are highly valued diagnostic criteria according to the averages taken on the entire sample. Philosophical Construct V, on the other hand, tends to be unpopular with the sample population. Social workers whose value orientation tends in the direction of this dimension would be likely to minimize the importance to diagnostic variables (C) and (D) which the majority of the respondent group would no doubt consider quite unfortunate.

FACTOR (9) FOCUS ON CURRENT CIRCUMSTANCES OF THE CRISIS SITUATION

Extent of conflict characterizing family at time of assessment	. . . . .	.766
Patterns of the parents in relation to discipline or control of the children	. . . . .	.700
Degree to which family maintains mutual respect for individuality of family members	. . . . .	.691
Degree to which family members provide support, security, and encouragement to one another	. . . . .	.640
Character of affectional bond between husband and wife	. . . . .	.565
Character of the occupation of the father or mother including its meaning to the family in relation to the community	. . . . .	.462

Character of the developmental history of individual family members	. . . . .	.435
Level of intellectual ability and educational attainments of the family	. . . . .	.421
Extent of family involvement in group activities that lead to satisfying experiences for individuals in the family (P)	. . . . .	.394
Degree to which family members share in mutual gratification including sex, play, etc.	. . . . .	.373
Extent of family involvement in group activities that lead to satisfying experiences for individuals in the family (N)	. . . . .	.285
Level of capacity to create and maintain constructive and responsible community relationships in the neighborhood, the school, town, local and state government	. . . . .	.263
Character of recreation and leisure time activity by members of the family	. . . . .	-.169

On top of the list of variables having high loadings on Factor (9) is "Extent of conflict characterizing family at time of assessment," and indeed this would seem to be a good beginning for calling together a notion of the factor composition itself. This factor seems to be an intangible measuring of the disorganization characterizing the conflict as well as an enumeration of the situational aspects that would be correspondingly relevant.

The respondents in this study are seeing diagnosis of a crisis situation involving a family as being something more than an exploration of the overt circumstances. There are evidently aspects of

family functioning that are seen as peculiarly significant at these times. One might be concerned with how the parents handle such perennial occasions of conflict as call for discipline of children. Another component is suggested by a variable which is concerned with internal mechanisms by which the emotional balance of the family is restored at times when the equilibrium is disturbed. The high loadings for variables which reflect such aspects suggests the extent to which these variables are strongly identified with defining the crisis situation.

It is clear that the theme which runs through these loadings is a focus upon the current situation as an instance of crisis. The significance of etiological possibilities as are implied by the presence of some of the variables affiliated with family structure is an indication that some internal familial aspects are more involved than are others. The theoretical orientation seeming to underlie the central theme of this dimension would be that families function as a group of individuals interacting. The crisis brings about a peculiar set of circumstances that are manifested by changes in the pattern of the family or group functioning.

The focus on "the here and now" virtually excludes the value dimensions proposed in this study. It may be that homogeneity of the system is a value orientation and its antithesis is disequilibrium. Or, one might ask if personal values are suspended in the face of a

family in crisis.

III. SIGNIFICANCE OF PHILOSOPHICAL CONSTRUCTS

The significance of the philosophical constructs can be appraised in the context of the nine factors. Some of the philosophical constructs do seem to reflect a tendency to orient along certain lines in the diagnostic process. The factor analysis does not provide us with information as to likely patterns of the factors except for a few contrasts that are introduced by the relatively rare negative loadings.

A philosophical construct which emphasizes self-awareness and the mode of introspection in attaining it is Construct IV and the extremely high loading of this construct on Factor (5) has some implications. The accent on self-help of one of the diagnostic variables and the appreciation for insight as manifest by the others are quite important if values can be conceived as a part of conceptions of clients. Variable (C) "Degree to which the family and its members are capable of self-help and are able to make effective use of help when appropriate," is the most highly regarded of the diagnostic criterion variables with a mean of 6.03 on a 7 point scale. Philosophy Construct IV seems to be favorably aligned with one of the most highly valued diagnostic considerations of social workers, because its loading on Factor (5) is very high at .851. Interestingly, both this Philosophical Construct and the diagnostic variables (C) and (D)

had significantly high loadings and high means of ratings. But, the Philosophical Construct III was high as well in its loadings although it was not rated high generally by the sample.

On the other hand, Philosophical Construct V has a very high loading on Factor (8) with Variable (C) having a high negative loading. The identification with an emphasis on "Receptivity and Sympathetic Concern" will correspondingly discourage appreciation for the variable so highly prized by the majority of our sample population.

Heavy negative loading of Philosophical Construct II (-.833) on Factor (7) tends to suggest this value orientation might point its adherents dramatically away from whatever might be suggested by the factor itself. Relatively less orientation to four variables--(X), (V), (T), and (R) are in line with what one might expect. The basis for this is not very clear and one would have to test this much further with more conclusive results before becoming convinced of any actual relationship. Philosophical Construct II has the highest mean rating with 5.316 while the four variables composing Factor (7) are seen as either unimportant or only slightly important. The average social worker might tend to de-emphasize a focus on static as opposed to dynamic attributes--under the conditions set forth in this study.

Philosophical Construct I, a highly rated construct, loads moderately high on two factors, (1) and (4). The attention to external influences is very likely the crucial connection. This is the value

that emphasizes a conscientious participation in human affairs. Its connection with Factor (4) probably would relate to the focus upon loyalty to the group goals--the notion of submitting one's will for the sake of the larger whole. Man as an individual then takes a secondary place in relation to the welfare of the group. Philosophical Construct III with its accent on self and sensuous enjoyment loads negatively on Variable (T). This orientation is described as being antithetical to Philosophical Construct I. Presumably, the negative loading emphasizes their difference. This must necessarily be speculative since the loadings are not high for any of the philosophical constructs.

It must become quite clear that the considerations persuasive to social workers in diagnosis of families relate to quite a large number of motivations. Value considerations seem, for the most part, rather less conspicuous than other epistemological and theoretical considerations. The experience of this study does not show "values" as here characterized to control all diagnostic behavior.

Of nine factors which emerged as the total correlation matrix was rotated only four factors were "value dominated." Five factors were either "value free" or only "value-tinged." The absence of value orientation influence in respect to factors in diagnosis could be a characteristic of the professional orientation, i. e., that the professional should achieve relatively value free behavior in certain

TABLE XIII
MEANS OF RATINGS FOR PHILOSOPHICAL CONSTRUCTS
AND DIAGNOSTIC VARIABLES

Variable	Mean	Standard Deviation
Philosophical Constructs		
I	5.297	1.343
II	5.316	1.369
III	3.880	1.757
IV	5.051	1.563
V	3.285	1.965
Diagnostic Variables		
A	4.170	1.656
B	4.215	1.437
C	6.027	.948
D	5.296	1.254
E	4.061	1.272
F	5.989	1.006
G	5.899	1.017
H	4.504	1.237
I	3.894	1.604
J	5.945	1.013
K	5.390	1.155
L	5.149	1.151
M	3.797	1.377
N	4.366	1.325
O	4.201	1.489
P	4.337	1.384
Q	5.550	1.418
R	3.713	1.534
S	5.227	1.342
T	4.558	1.583
U	2.828	1.535
V	4.544	1.558
W	5.426	1.428
X	3.870	1.506
Y	5.347	1.526
Z	3.485	1.580

Number of Cases = 158

aspects of his activity.

Note in Table XIV that the following mentioned three factors show no significant loadings from among the value orientation variables. Factor (9) "Focus on Current Circumstances of the Crisis Situation" emphasizes interaction of members of a family. It is an objective appraisal apparently not related to ethical or philosophical considerations. There is no judgment in relation to the "good or bad" aspects. The same is so with Factor (2) Focus on Communication between Members of the Family. Emphasis on the extent to which family members are able to relate with one another seems tied to no particular value orientation. Factor (3) recognizes the importance of descriptive characteristics in diagnosis, which is likely a standard of the professional approach itself. Scientific method emphasizes objective gathering of facts.

Factors (4) and (6) each have loadings on a single value orientation construct, but neither loading is sufficiently high to suggest that the value orientation pervades throughout the dimension. Each can be described, however, as being "value tinged." Factor (4) seems tinged by the construct emphasizing Social Restraint and Self-Control (I) while Factor (6) has a moderate affiliation with Philosophical Construct III Self-indulgence (or Sensuous Enjoyment). The value orientation in both instances tends to support the orientation generally prominent in the factor.

The four value laden factors seem to represent dimensions where value orientations are significant. Important value questions emerge. The Factor (1) emphasis on external versus internal influences on family functioning introduces a value question. Philosophical Construct III with a negative loading and I with a moderate positive loading are opposing forces. Does the family emphasize its own gratification or submerge its interests to the larger society? The Factor (5) focus on self-awareness and introspection is distinctly an ego-centric dimension. Value orientations favoring the focus on self clearly are dominant. Adherents of this dimension might say: "To thine own self be true!" Factor (7) is significant for its negative loadings on value orientation variables. It is a dimension conceived to be antithetical to certain value orientations. Action, social functioning and need fulfillment are more dynamic. This factor's focus on the static is clearly antithetical. Factor (8) with its emphasis on the central place of environment upon family functioning introduces a value laden concept. Philosophical Construct V is dominant-- emphasizing Receptivity and Sympathetic Concern. Also relatively strong in this factor is Philosophical Construct I representing Social Restraint and Self-Control. The value question must be stated: Is behavior of a person or family determined by constitutional or environmental factors? Adherents to criteria of this factor would prefer the latter.

The findings are anything but conclusive indication of the influence of value orientation in diagnosis. Value questions do appear to be important in relation to certain dimensions and they seem to be absent in others.

TABLE XIV

SUMMARY TABLE OF SIGNIFICANT PHILOSOPHICAL CONSTRUCT LOADINGS ON FACTORS

FACTOR	VALUE DOMINANT FACTOR (High loading on the construct)			VALUE TINGED FACTOR (Low or minimal loading on the construct)	VALUE FREE FAC- TOR (No loading for any of the constructs)
(1) External as opposed to internal influences on family functioning.	III .41	X I .23			
(2) Focus on communica- tion between members of the family.					X
(3) Focus on overt de- scriptive characteristics.					X
(4) Focus on family unity and loyalty.			I .21	X	
(5) Focus on self-aware- ness and introspection.	IV .85	X III .47	V .23		
(6) Focus on group activity.			III .23	X	
(7) Focus on static as op- posed to dynamic attributes.	II -.83	X I -.43	III -.43		
(8) Focus on responsive- ness to environment.	V .72	X I .37			
(9) Focus on current circum- stances of the crisis situation.					X

CHAPTER VI

CONCLUSIONS

This chapter sets forth interpretations of the findings together with implications for the practice of social work and for future research effort. The foregoing exploratory study is summarized and a critique of the research technique is presented.

I. SUMMARY OF THE FINDINGS

This was a project in which an experimental procedure was developed to test for divergent value orientations among a sample of social worker respondents. A group of five constructs developed by Charles Morris was utilized as a test. The variation was found to spread principally over three rather than the five dimensions proposed by the research instrument used in the study. Some variation among social workers' choice of value orientation by personal factors evidenced itself. There also tended to be some differences in choice of value orientation according to the sphere of social practice. This would give some indication of the factor predisposing a person to adopt value orientations of the kind offered by the options of the questionnaire.

Social workers in this sample were apparently able to distinguish between the philosophical constructs that were borrowed from the work of Morris for utilization in this test. They were able to assign different ratings and to categorically rank the five items along a continuum from best to least liked. The constructs apparently had meaning to these people although it is conceivable that they were uniquely understood in each instance. The individual deviations presumably have balanced out over a sample as large as 158 respondents.

The measure of the philosophical constructs did seem to give a good representation of something which probably could be regarded as a systematized "value orientation." A single dominant profile did not seem to characterize the social worker population except for a rather decisive rejection of Philosophical Construct V. The hedonistic orientation suggested by Philosophical Construct III seemed to fare slightly better although it too tended to be rated rather low on the whole. The social work group sampled seemed to divide between three distinct ways of conceiving of the good life in our society. The reverence for society as an end was manifest in one orientation while a more inner directed contemplative orientation was implied by the second. The third major combination was largely emphasizing flexibility and receptivity as a predominant mode.

The study sought to determine if variation in value orientation among practicing social workers was a possible factor in their

judgment process. A specific judgment circumstance was selected to test this hypothesis. The criteria commonly considered in diagnosis of the family in state of crisis was arrayed and ratings were elicited from the respondents in the sample as to the relative importance of each item. The connection between preferred value orientation and array of items in order of importance was believed likely to emerge as the data were organized by the statistical manipulation of a factor analysis. Some slight ordering along the lines of value orientation was found, but the data did seem to produce factors principally organized upon different bases. The values operating to produce the factor dimensions among the diagnostic criteria seemed to come from concepts more relevant to the operational level of social work practice. The philosophical constructs showed relatively small loadings with but few exceptions. While the findings of this study provide no conclusive results as to the place of basic philosophical concepts in social work, the study did succeed in an attempt to point out some possible dimensions where values might be a consideration. It would be necessary that additional research studies be devised to test out the emerging hypotheses.

The social worker who stressed the inner life of heightened self-awareness as opposed to a mergence of self with the social group also tended to favor diagnostic criteria emphasizing insight into the genesis of the problem and also criteria showing a capacity

for self-help. The high value generally accorded such diagnostic criteria suggests that the aforementioned philosophical orientation is consistent with the preferred social work approach in the diagnostic problem proposed in this research. The philosophical construct favoring self-indulgence and enjoyment also links with this pair of diagnostic criteria. It likely relates from the standpoint of the emphasis on self and the willingness to receive gratification. The conclusion one might draw from this alignment of items is that social workers tend to seek areas of family strength associated with their own capacity for managing the problem. The goal of becoming free to enjoy happiness through indulgence and satisfaction of desires is consistent. Philosophical positions emphasizing the self and the goodness of self-fulfillment of needs are evidently preferred in the field of social work.

The direct antithesis of the focus upon gaining insight and the central concern with self is a value constellation which emphasizes the submergence of self to the interests of the group. The factor dimension isolated in Factor (8) represents this concept and significant negative loadings on diagnostic criteria provide interesting implications. The aforementioned highly valued diagnostic factors (C) and (D) load negatively on this factor and there were no positive loadings on variables having high ratings by the sample as a whole. It might suggest the hypothesis that social workers tend to reject

the concept of submerging individual interest to those of the group. This would tend to contradict some popular notions that social work is "socialistic" or "communistic," or that it discourages the uniqueness of the individual.

Factor (1) shows relatively high loading where the matter of external moral or social influence on the family tends to be a consideration. As diagnostic criteria, these items are not rated as being particularly important. Thus, where Philosophical Construct I tends to affiliate moderately with these less valued aspects of the diagnosis, it becomes value likely to bias the social worker in less favorable directions. Of note is the fact that the philosophical position emphasizing enjoyment and self-indulgence has a negative loading in this dimension, and, although not a highly rated philosophical dimension, this is a dimension showing an appreciation for need-meeting that links favorably with generally important diagnostic criteria.

From the analysis of these data, one might speculate that the preferred philosophical position for the social worker might be a blending of the quality emphasizing a rich inner life of heightened self-awareness. The focus on self rather than society would be in line with the social worker pre-encounter percept rather than the antithesis. A stress upon enjoying life and experiencing pleasure would also be consistent with a diagnostic approach most likely to fit

with the behavior highly valued by the respondents in this sample.

It turned out in the factor analysis that a number of factors emerged that appeared quite independent of the philosophical constructs. These may well relate to many other influences likely to predispose the diagnostician. Such aspects as training, experience, or personality could be among these. This tends to suggest that values are formed by social workers in dimensions not related to conceptions of "good or bad." In factors where high ratings had been assigned to the variables, there seemed to be an emphasis on functional adequacy of the family. Notions of what the family "ought to be" were scored as less relevant than the interrelationship of certain functional aspects.

Very highly valued was Factor (2) which looked for the extent of mutual sensitivity between family members. No significant loading on any philosophical construct showed up on this factor, but several diagnostic variables seemed to be relevant. The capacity of family members to communicate with each other and to be responsive to each other was paramount.

A high value was also given to the factor emphasizing family unity and loyalty. A moderate loading of Philosophical Construct I on this factor suggests a particular affiliation among those social workers who value interests of the group over those of the individual. It does tend to be a dimension in this area of diagnostic evaluation

that is believed by social workers to have importance.

In Factor (9), there is emphasis upon the current situation confronting the family in crisis. Nine variables from among the diagnostic criteria seem to have shared at least moderately in this common dimension. The degrees shown by the quantity of each loading suggest how much. The social workers of the sample felt it was very important to consider the degree and character of the conflict situation. There are some indications of diversity of content among the items in this factor. This may suggest different emphases as to the dimensions of family life most likely to reflect the character of the crisis situation. There is importance to the here and now determinants for the social worker as he ascertains the problem and appropriate treatment in the crisis situation. The use of the term "crisis" as a delimiting aspect to the diagnostic situation may have given rise to this dimension.

II. CRITIQUE OF THE TECHNIQUES

As this study developed and the problem was defined, it became clear that the results of this study would have to be interpreted with caution. The goals would necessarily be limited ones for the most that could be hoped for would be the generation of a few new hypotheses. Some of the limitations to a too literal interpretation of these findings are detailed below.

In developing this research inquiry, the way of developing the experimental conditions could be open to criticism. The situation posed for the respondent must be considered extremely artificial. One could hardly maintain that the social worker respondents actually became psychologically set as they would immediately prior to the diagnostic encounter. They were responding to a questionnaire and nothing more. The measure of their relative preference for certain specified diagnostic criteria must be considered a conjecture on their part as to how they might be thinking at such a time. The definition of the diagnostic situation left much to the imagination.

The respondents may have cast themselves in the role of diagnostician, but their hypothetical circumstances may have differed markedly. Crisis for a family might mean one thing to a child welfare worker and something else entirely for the worker involved in disaster relief. Factor (9) showed some of the ways that specific aspects of crisis might emerge among areas of interaction in the family. Because different practice areas were represented among the sample, loadings could have emerged on these variables as discrete respondent groups related to a specific variable particularly relevant in a sphere of practice.

One problem in the study was the sample population itself. Consideration had been given to the idea of selecting the sample from a single agency or from a particular social work group. This

would have made the sample more homogeneous, but it also would have given no information about differences between social work groups. As a consequence, the social workers in this sample are alike principally in the sense that they share a professional identification. They differ markedly in many respects. Many have had no experience with the kind of practice problem being posed in this study. Geographical, situational and educational differences also tend to introduce variables not easily accounted for in the interpretation of the data. The low correlations possibly resulted from the impurities of this form of inquiry.

The questionnaire itself attempted to describe abstract concepts in terminology that could be prone to other interpretations. The philosophical constructs used in this study had never really been in a questionnaire before since they were the descriptions Morris developed after reducing his original thirteen variables to these five central dimensions. The condensations could be so exclusive as written that one might find it impossible to identify with them without the mediating influence of other dimensions. The five dimensions reproduced in this questionnaire were composites in varying amounts of the original thirteen "Ways to Live." Measuring the ratings and rankings of these constructs may have been less reliable than would have been a measure of the thirteen ways from which they were derived.

The study would have been more rigorous if the value orientations could have been stated in behavioral terms. The abstractions make interpretations hazardous because express representation could have any number of subjective bases. The study risked precision by using generalizations.

Elements of one philosophical construct are not inconsistent with others, so that any individual is likely to have his own philosophy with a unique combination. Two or more positions can be held simultaneously and with about equal value. Different positions can be valued highly at different times, according to situations, or psychologically as in becoming satiated with one and turning to another. This is a problem to the extent that the study assumes that a person holds to a general, persistent philosophy in contrast to a dynamic, relative and continuously changing one.

A factor analysis of the ratings on five philosophical constructs made possible a further condensation down to three factors. This would apply for this sample of social workers only, it is true, but a preliminary study in which these three factors were identified might have been advisable. The final questionnaire would have had the three principle dimensions to test in relation to diagnostic criteria. Less cumbersome analysis and fewer variables would have made the study more efficient.

It is quite possible that value orientation could influence such

behavior as "mailing back a questionnaire." As a consequence, those who failed to return the questionnaire might have tended to rank particular constructs higher. One might speculate, for instance, that these might include a disproportionately large number of persons who would score high on the pleasure factor.

Although the diagnostic criteria were apparently relevant in the judgment of the social workers, the list of items can by no means be assumed to be exhaustive. To the extent that the researcher's bias operated to introduce a limited range of variables, the respondents would have been limited in their choices. The extent to which the results are affected by this factor is undetermined.

No attempt was made to derive diagnostic criteria to match philosophical constructs. Items of these two categories were independently derived. A measure of researcher bias may have operated to select criteria in some relationship between the two sets of items. The potential for such bias is to be recognized, but again the actual degree of effect is undetermined.

The technique of using factor analysis for assessing the data is useful only in a limited way. It develops hypotheses and not conclusive findings. The very low correlations in much of the original matrix must necessarily limit the confidence to be placed in these results. A different form of statistical analysis might have been used profitably to check these results. The ultimate test of the

findings of this factor analysis will be determined by its replicability.

Multiple-factor analysis is a procedure which locates statistically independent factors which combine additively. As Coleman (1964) has suggested, factor analysis has some logical defects which limit its usefulness in the development of social and psychological theory. Once factors are isolated, the attempt to give factors meaningful independence by assigning names is superficial. The factors as isolated may not be statistically independent and therefore not separated by factor analysis, even though they are meaningfully quite independent. Statistical independence and meaningful independence do not necessarily coincide.

III. IMPLICATIONS FOR SOCIAL WORK

The significance of this study may well become clear only as additional research tests out some of the possible ramifications. Value orientation does seem to be an aspect of the social worker's judgment process, but the degree of its effect is still uncertain. This study would tend to suggest that other considerations are more intrinsically involved.

This study is somewhat unique in its attention to abstract or "conceived" values as opposed to the more concrete or "operational" values. Establishing the connection of the very subjective dimensions with potential clinical behavior is a difficult research problem,

but it is an exercise needed in social work research. The components of the decision process for the social worker are made up of his personal value orientations as well as the aspects of the situation encountered. Greater objectivity would seem possible as the influential dimensions are made more explicit.

It might be found at some future time that one's values could conceivably be a reliable yardstick in diagnosis. The social worker might find that once he can identify and conceptualize a value orientation of his own, appreciating his own contrast with the client could be a starting point for mutual understanding. One can obtain a grasp of one's own philosophy or value orientation as a model, and then the conceptualization of alternative subjective modes can be composed along the same lines. This is a potential technique for perception.

The concept of the anchoring effect has already received much attention although as Bieri, et al. (1966) have noted, research of it has deficiencies in every facet, from the materials presented for judgment to the way presence of an anchor is defined to the way its effect upon judgment is measured. The value of innovative research such as the present study is the development of an alternative prototype for evaluating the influence of the anchoring effect. Value orientation can be considered one of the many possible anchors, but it probably represents the most obvious case.

If some relevant values are identified as factors influencing diagnosis, then the question needs to be answered as to whether the effect is positive or negative. Some value orientations could conceivably enhance perceptivity and thus these values could be aids in the caseworker process. Knowing which predisposition best aids a social worker could aid administrators and educators in the selection of people for the field.

At the very least, it is important to identify those dimensions in which value orientations may be important. This study has separated out four factors in diagnosis that are quite dominated by value considerations. Social work can benefit by knowing the kind of value question likely to be raised in a given diagnostic situation.

IV. FUTURE RESEARCH

This is a study that posed an imperfect experimental situation. The results could be open to attack from a number of perspectives except that the study is clearly labeled as an exploratory effort. Its experimental procedures were adequate enough to suggest the presence of value orientations among the personal characteristics of judges. These appeared along certain of the dimensions formed among criteria in the actual judgment situation. Additional research in this direction might tell more about potential cause and effect relationships.

The value orientations considered in this study were of a sort quite abstract as compared with operative values. The influences of internal predispositions at such level of abstraction as it is translated into more operative situations conceivably follows in a recognizable pattern. The structure of such causal connections needs to be identified and additional research may well take this task.

This condensation of a larger number of variables into a matrix having nine dimensions introduced considerations other than value orientations as shown in the questionnaire. It is conceivable that the classification system proposed by Morris was incomplete. His studies of value were more than a decade before the present research was conducted. Such rapidly changing times may well have introduced orientations of value congeries not contemplated when Morris obtained his "comprehensive" listing. There may be utility in some future study which takes a factor from among the nine and traces it to its ultimate abstraction.

Studies of diagnostic patterns of clinicians might develop from the beginnings introduced by this research. Categorization of criteria along the lines developed here might be checked against other inventories. This might lead to an evaluation of the diagnostic process itself. The structure of diagnosis as suggested in this research was taken as an assumption. Additional study might well test the validity of such an assumption.

The criteria considered in diagnosis needs to be evaluated in relationship to outcome of the social work intervention. Studies might be developed which test out some of the dimensions of diagnosis as relative emphasis tends to be a predictor of greater success. The corollary would be the possibility that emphasis on certain of the dimensions might limit the effectiveness of the services rendered.

Some of the variations among sub-groups within the social work profession suggest that the profession may be much less homogeneous than is commonly supposed. The variation of value orientation between jobs may lead to a recognition of certain values as desirable in various social work employment. A complex of personality differences might be important, however, and future research might assess the relative importance of value orientation among a number of characteristics. It might ultimately be possible to develop value profiles for community action practitioners, groups workers, or caseworkers which differentiate these sub-groups. It would be anticipated that several varying combinations by sex, marital status, age, etc., plus value orientation might be blended.

The difficulties of assessing value orientation will no doubt plague future research as it has this effort. Some methods more likely to limit the researcher's subjective involvement would be recommended. Factor analysis has allowed this researcher to identify trends which were isolated, but the interpretations were along

lines that made sense to the investigator himself. Methods less likely to allow subjective attachment by the researcher himself might profitably be employed.

It might pay those conducting additional studies to analyze behavior to determine value orientation by contrast with the present study where abstract constructs were used. The potentially shifting nature of values could conceivably be better assessed by attention to what people do rather than to what they think they do. The present study might well have suggested some of the spheres of behavior to be observed. Since it was an exploratory effort, it has succeeded in its objectives if some new possibilities have been brought into view.

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APPENDIX

PORTLAND STATE COLLEGE PORTLAND, OREGON

SCHOOL OF SOCIAL WORK

BRADFORD L. EVERSON, SECOND YEAR STUDENT
PROJECT: VALUE DIMENSIONS IN DIAGNOSIS

Mr. John Smith
5000 Main Street
Anywhere, U.S.A.

Dear Mr. Smith:

The enclosed material is sent to you in anticipation of your cooperation with a research project regarding the place of basic philosophical factors in social work. The attached questionnaire should require no more than twenty minutes of your time, but you can be sure that it is of vital importance as the very substance of this study.

In forming the research plan, there has been an effort to explore the relationship of value constructs to the emphasis of the caseworker in the process of family diagnosis. I have drawn heavily from the work of Professor Charles Morris of the University of Chicago in bringing this dimension to social work research.

I feel that you will find that the few minutes required to complete this questionnaire will be an interesting and stimulating experience. You are among a relatively small number of social workers to whom this questionnaire has been sent on a nationwide basis so I am very hopeful that you will accommodate me by taking the time.

Because of time schedule limitations, it is important that the questionnaires be returned promptly -- I should have them by March 1, 1967. Thank you very much for your help.

Very truly yours,

Bradford L. Everson
Second Year Student
PSC School of Social Work

QUESTIONNAIRE

PART ONE - PERTINENT PERSONAL INFORMATION

Age _____ Sex _____ Marital Status _____ Number of Children _____

Religion _____

Years of Social Work Experience: Before master's degree _____
After master's degree _____

In what settings has your social work experience been obtained?
(Encircle all applicable.)

Child welfare services
Public assistance
Corrections
Mental health or hygiene
Settlement house
Private practice
Family counseling
Youth organizations
Medical social work

School social work
Child guidance clinic
Social work research
Community organization
Disaster relief
Federal poverty programs
Teaching social work
Other _____

In which form or forms of service is your present position?
(Encircle all applicable.)

Direct service in casework
Direct service in group work
Supervision
Community organization

Administration
Teaching social work
Other _____

PART TWO - VALUATION OF PHILOSOPHICAL CONSTRUCTS

INSTRUCTIONS: In this section of the questionnaire you are asked to indicate your relative liking for five basic elements of personal philosophy. These five items are factors representing the aspects of ways of living as preferred by people in ours and other cultures.

FIRST - Read each item in its proper order. Do not read ahead. Encircle the letter to the immediate right of each item to indicate how much you personally would like the trait described to characterize the kind of life you would like to live. The following scale shows the degree of liking that each letter is intended to represent:

- | | |
|---------------------------|------------------------------|
| (A) I like it very much | (E) I dislike it slightly |
| (B) I like it quite a lot | (F) I dislike it quite a lot |
| (C) I like it slightly | (G) I dislike it very much |
| (D) I am neutral to it | |

SECOND - After you have gone through rating each item by circling a letter, then go over the five items again, giving a numerical rank to each one in the order of your relative liking for it. It is important that no two items be given the same ranking - the five items must be ranked consecutively as follows: 1 is best liked, 2 next best liked, 3 next best liked, etc. There can be no ties--each item included extending 1 through 5.

The emphasis in this quality is upon responsible,	A	D	E
conscientious intelligent participation in human affairs.	B		F
The orientation is primarily moral. There is aware-	C		G
ness of the larger human and cosmic setting in which the			
individual lives and an acceptance of the restraints which			
responsibility to this larger whole requires. The accent			
is upon the appreciation and conservation of what man			
has attained rather than upon the initiation of change.			
The antithesis of the trait is unrestrained and socially			
irresponsible enjoyment.			

RANK

In this quality, one sees the stress upon delight	A	D	E
in vigorous action for the overcoming of obstacles. The	B		F
emphasis is upon the initiation of change rather than	C		G
upon the preservation of what has already been attained.			
The temper is one of confidence in man's powers			
rather than one of caution and restraint. The orienta-			
tion is outward to society and to nature. The antithesis			
of the trait is a life focused upon the development of			
the inner self.			

RANK

In this quality description, consider that the	A	D	E
stress is upon enjoyment, whether this enjoyment be	B		F
found in the simple pleasures of life or in abandonment	C		G
to the moment. One should have the capacity to float			
in the stream of simple, carefree, wholesome enjoy-			
ment. It includes appreciation of the pleasures of			
existing and it stresses sensuous enjoyment of one's			
life. The antithesis of the trait is responsible sub-			
mission of one's self to social and cosmic purposes.			

RANK

This quality stresses a rich inner life of heightened self-awareness. The self rather than society is the focus of attention. The emphasis is not one of self indulgence, however, but is rather upon the simplification and purification of the self in order to attain a high level of insight and awareness. Control over persons and things is repudiated, but not deep sympathy for all living things. The antithesis of the trait is mergence of the self with the social group for group achievement and enjoyment.

A D E
B F
C G

RANK

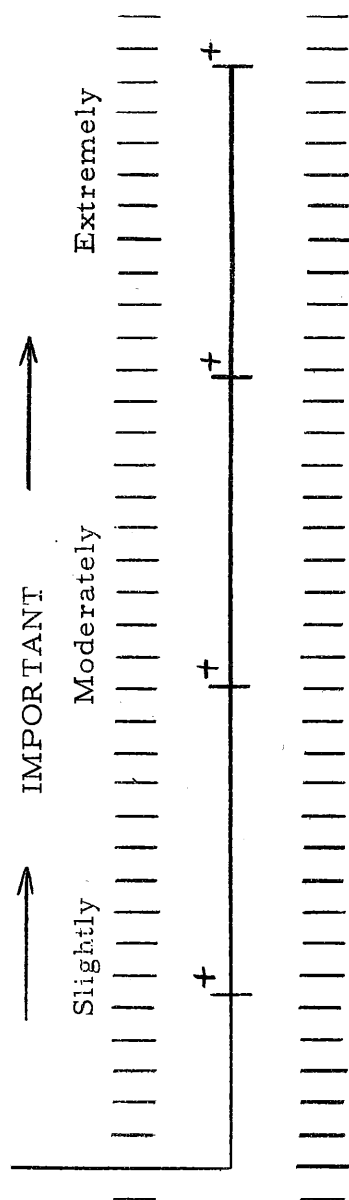
This final quality stresses receptivity to persons and to nature. The source of inspiration comes from outside the self, and the person lives and develops in devoted responsiveness to this source. The self ceases to make demands and it becomes open to the powers which nourish it and work through it. A person should humbly let himself be used by the great objective purposes in the universe which silently and irresistibly achieve their goal.

A D E
B F
C G

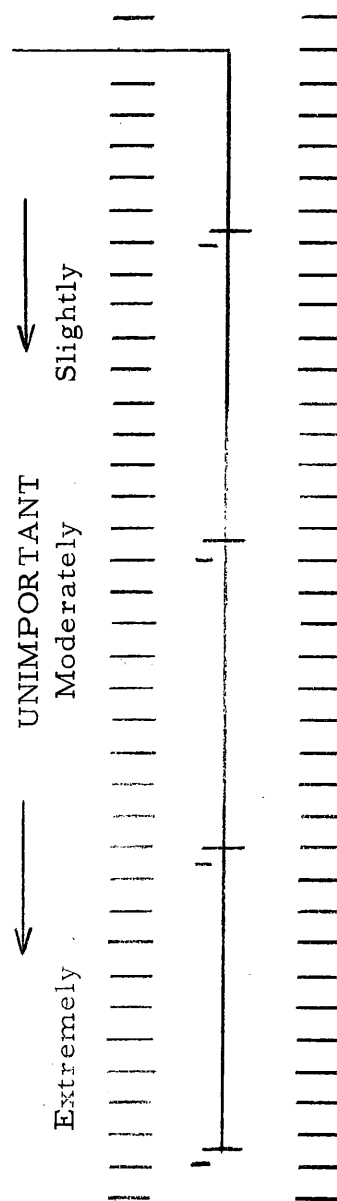
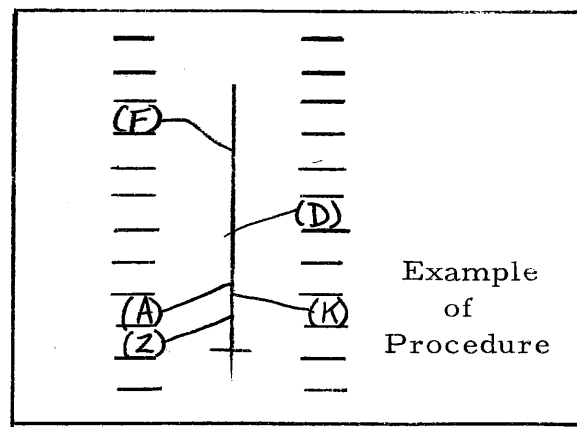
RANK

PART THREE - VALUATION OF DIAGNOSTIC FACTOR IMPORTANCE

In your experience as a professional social worker, many diverse problems of family crisis have no doubt come to your attention, either directly or indirectly. You are asked to reflect upon your knowledge and understanding of families in crisis as you read over the twenty-six items to follow. Then indicate your estimate of the relative importance of each of the factors shown as they would be likely to emerge in the process of diagnosis of a family in crisis. Show your rating by writing in the letter designating each factor on any of the short lines to the left or right of the scale. Place your letters on any convenient short line, but then be sure to draw a line from each letter to an appropriate point on the scale. Note that no two lines should intersect the scale at the same point for it is only at the point of intersection that the value and ranking are to be determined of any single factor. (See example). Look to the capitalized words bordering on the left of the scale for degrees of importance or unimportance that positions on the scale are to represent.



SCALE FOR PART III
(Halved for format)



- (A) Qualities of the family that determine its stage in the life cycle.
- (B) Pattern of time allocation by individual family members as it affects amount of interaction in the home.
- (C) Degree to which the family and its members are capable of self-help and are able to make effective use of help when appropriate.
- (D) Level of insight manifest by family members as to the genesis and development of the disequilibrium of the family.
- (E) Character of recreation and leisure time activity by members of family.
- (F) Character of communication pattern between members of the family.
- (G) Extent of mutual sensitivity to needs of others in the family.
- (H) Character of peer group affiliations entered into by family members.
- (I) Quality of family relationship to religious faith or other supernatural ideology relating to eternity and cosmic entity.
- (J) Character of the affectional bond between husband and wife.
- (K) Extent to which the family is able to use seemingly injurious experiences as a means for further growth.
- (L) Extent to which family members show a concern for family unity and loyalty.
- (M) Patterns of distributing household tasks and other chores among members of the family.
- (N) Extent of family involvement in group activities that lead to satisfying experiences for individuals in the family.
- (O) Level of capacity to create and maintain constructive and responsible community relationships in the neighborhood, the school, town, local and state governments.
- (P) Extent of family involvement in group activities that lead to satisfying experiences for individuals in the family.

(Q) Degree to which family members provide support, security, and encouragement to one another.

(R) Level of intellectual ability and educational attainments of family.

(S) Patterns of the parents in relation to discipline or control of the children.

(T) Character of developmental history of individual family members.

(U) Character of and meaning of art, music, and things of beauty to the family members.

(V) Degree to which family members share in mutual gratification including sex, play, etc.

(W) Degree to which family maintains mutual respect for individuality of family members.

(X) Character of the occupation of the father or mother including its meaning to the family in relation to the community.

(Y) Extent of conflict characterizing family at time of assessment.

(Z) Capacity of family to cope with demands of routine housekeeping.

TABLE XV
CORRELATION MATRIX INCLUDING ALL THIRTY-ONE VARIABLES

	I	II	III	IV	V	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
Philosophical Construct I.	*																														
II.	2084	*																													
III.	-0252	2354	*																												
IV.	0747	-1266	2620	*																											
V.	1970	-0621	0137	1239	*																										
Diagnostic Criteria . Variables	A	0673	-0229	0134	0491	0036	*																								
	B	1426	-0167	-0447	0604	0837	4432	*																							
	C	0989	0750	0876	1565	-1297	1170	1978	*																						
	D	0306	-0349	0848	1714	-0890	1680	2546	5011	*																					
	E	0509	0617	0908	-1120	-0324	2014	2499	0322	2991	*																				
	F	0562	-0345	0375	0198	-0526	1683	3738	4615	2409	1206	*																			
	G	1108	-1360	0092	0942	0346	1308	3258	4080	2672	0509	6131	*																		
	H	0457	-0070	-0851	-0815	0787	1612	2922	1742	1752	3225	3783	3786	*																	
	I	0952	-0353	-0574	0220	0883	0571	2193	-0775	0826	2868	-1139	-0173	3234	*																
	J	0528	-0539	0227	-0477	1135	0632	1377	0504	0913	-0380	0502	1630	1421	0416	*															
	K	0664	1213	1541	-0054	0902	-0417	0580	0383	0645	0975	1017	0977	1100	0831	2431	*														
	L	1340	0160	0152	-0803	1022	0040	2412	1373	2410	1269	2808	1848	1930	1132	3700	3928	*													
	M	1510	0748	1662	-0878	0669	1004	2327	-1000	0903	3904	0002	-0672	1367	2886	1380	1840	3763	*												
	N	0343	0350	1536	-0524	0262	0500	1207	1407	1183	4003	1797	1334	2294	1944	2426	2309	3286	4013	*											
	O	0520	-0324	1403	-0203	0132	1005	1856	0198	0846	3047	0267	-0016	2362	2242	2096	2334	2476	4382	4607	*										
	P	0232	-0697	0995	-1454	0226	-0200	0982	0777	0892	3685	1596	1677	2422	1992	2630	1608	2754	2810	7758	4612	*									
	Q	0430	-0722	1722	-0405	1600	0664	2050	2990	1237	-0191	4582	5492	1726	-1513	3291	1309	3041	0928	3402	1879	4376	*								
	R	-0587	-0823	0070	0135	0415	1628	1993	0808	2349	2433	0120	0735	2125	1295	1771	0172	1311	2905	2861	3597	2531	2461	*							
	S	-1250	-0039	1834	-1318	0387	1036	0861	0593	0581	0626	1477	0542	0968	0303	3096	0979	2114	1905	3034	3516	3996	5482	2933	*						
	T	-1007	-1548	1880	0825	-0233	1444	1780	2927	2531	0665	2448	2391	-0131	0234	2610	1259	2404	2547	3081	1814	2764	4765	4318	3470	*					
	U	-0569	-0503	0737	-0842	0787	1406	2073	-0884	0511	4702	-0792	-0489	2702	3087	0838	1574	1683	4232	3235	3612	3347	0436	5019	1863	2846	*				
	V	-1859	-1568	2260	-0187	0658	-0069	0270	0245	1140	1228	1549	0979	-0247	-1043	2190	1181	2004	1018	4362	0872	4814	4204	2207	2197	4767	1999	*			
	W	-0170	-1141	1515	0616	1352	1271	1705	2031	1229	0497	2998	4092	0791	-0872	3378	1215	1857	0614	3634	1526	4130	7105	3125	5159	4993	1076	4930	*		
	X	-0938	-1477	0159	-0018	0563	1304	1058	-0501	0863	1655	-0389	0044	2235	1215	2485	0675	1637	2402	3630	4135	3945	2546	5431	2434	2028	4113	3268	2198	*	
	Y	0130	0739	0817	-0069	0847	0228	0219	0119	0730	0077	-0440	0470	0561	1092	3802	1810	1878	1205	2272	1616	2837	3873	2678	4014	2859	1763	2580	4768	3334	*
	Z	0900	0593	1478	-0209	1251	0505	1008	-1960	-0191	2731	-0346	-0509	0436	1058	1384	2049	1478	5952	2790	3291	2294	1261	3736	1759	2641	4577	2396	1766	3352	2537

ROTATED FACTOR MATRIX

I	2344	1423	1511	2082	1555	-0166	-4338	3718	-0613
II	-0072	-1078	0297	0472	-0869	0123	-8328	-1121	0266
III	-4116	0121	-1187	-0324	4675	2245	-4311	-0205	1096
IV	0098	0224	0214	-0611	8508	-0922	0669	1208	-0504
V	0870	0560	0493	1064	2269	0041	0758	7235	1030
A	0422	1814	6750	-1729	0086	0970	-0691	-0339	0854
B	1464	4099	6113	1243	0184	1855	0014	0580	0022
C	0833	5370	0702	0790	3279	-0908	-1387	-4932	0955
D	1039	2698	2235	2317	4212	1131	0633	-5546	0290
E	0886	1539	1450	-0254	-0259	7286	-1007	-1366	-1689
F	-0973	8334	1354	1104	-0591	0183	-0199	-0954	-0098
G	0602	7980	1152	0811	0996	-0578	1024	0354	1205
H	5231	4370	1250	0188	-1095	3502	0444	0096	0449
I	5800	-1002	0477	0831	1338	4225	0341	0812	-0271
J	1507	0385	0261	4722	-0437	-0284	0834	0451	5649
K	-0245	0434	-1359	6753	0510	1518	-1310	0431	0713
L	0266	2315	0194	7733	-0796	1791	0356	-0305	1402
M	-1486	-1125	2786	3987	-0426	6282	-1269	1208	-0117
N	-0258	2642	-2810	1353	0100	6972	-0398	-0246	2850
O	1587	-0280	0247	1576	0170	6032	-0587	-0171	2630
P	0266	2908	-3537	0351	-0887	6570	0470	0150	3938
Q	-2356	5754	0039	0896	-0130	0586	0160	1136	6402
R	0144	-0926	3973	-0130	1080	4301	2547	-1475	4207
S	-1347	1088	0212	-0119	-1520	2091	-0959	-0472	6998
T	-3763	1668	2237	2153	2580	2054	2571	-2518	4353
U	0137	-1569	2808	0658	-0170	6870	1694	0230	1103
V	-4984	1997	-2074	0559	0641	3226	2834	-0002	3727
W	-2581	4118	0294	-0057	0942	0968	0761	1108	6911
X	0921	-1319	1259	0042	0442	4548	3232	-0220	4619
Y	0882	-1216	0268	1464	0595	06115	-0882	0296	7655
Z	-3329	-2079	3021	2485	-0023	5262	-0266	2652	1334